DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. death. PLACE OF OEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) the 1 s 1 a a. COUNTY b. COUNTY after Pages 1 MARYLAND b. CITY DR TDWN (if butside corporate limits. c. LENGTH DE STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) bon papers. Pag within 72 hours hours 2 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS MOKE within completely carbon 3. NAME OF **Eirst** Month Middle Last 4. DATE DECEASED event, (Type or print) DEATH executed and con SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR last birthday) any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) , NDUSTRY and in physician 11. BIRTHPLACE (County & State, or foreign country) please be certificate removal. FATHER'S NAME MOTHER'S MAIDEN NAME attending pharmit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. INFORMANT 17. Address permit. 6 death (Yes, no, or unkown) (If yes give war or dates of service) cremation, the 18. CAUSE OF DEATH [Enter only one cause pe) line for (a), (b), and (c). been signed by the the burial-transit or to burial, cremat PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO The law requires Conditions, If any, which gave rise to immediate as the prior to DUE TO (a), stating the underlying cause last. has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use certificate this certing detached for PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE DE DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) be de State factory, street, office bldg., etc.) Hour a.m. After While Not While retained by p.m. at work at work DIRECTOR: Af age 3 should lied with the S 21. I certify that (i) (this hospital) attended the deceased from saw the deceased alive of and that death occurred at .M, from the causes and on the date stated above. 22a. SIGNATURE page ATTENDING MED. M.D. PHYS. DIRECTOR PHYS Page 4 may HOSPITAL O FUNERAL 22c. PHYSICIAN'S 22d. director, p should be ADDRESS NAME (Type) BURIAL CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) FUNERAL DIRECTOR RECTO BY 24 ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

20 -

YES

Day

Days

12. CITIZEN DF WHAT

19.

DATE SIGNED

(County)

19

22b.

REGISTRAR 23

196

25a.

DATE

YES

CDUNTRY?

Months I

e. IS RESIDENCE ON A FARM?

Year

IF UNDER 24 HRS

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

(State)

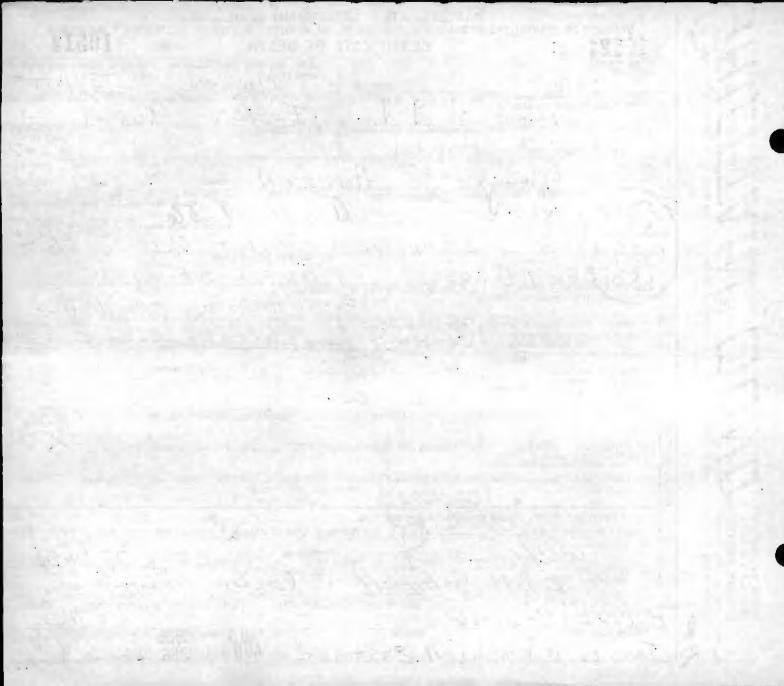
PERFORMED? NO T

that (I) (we) last

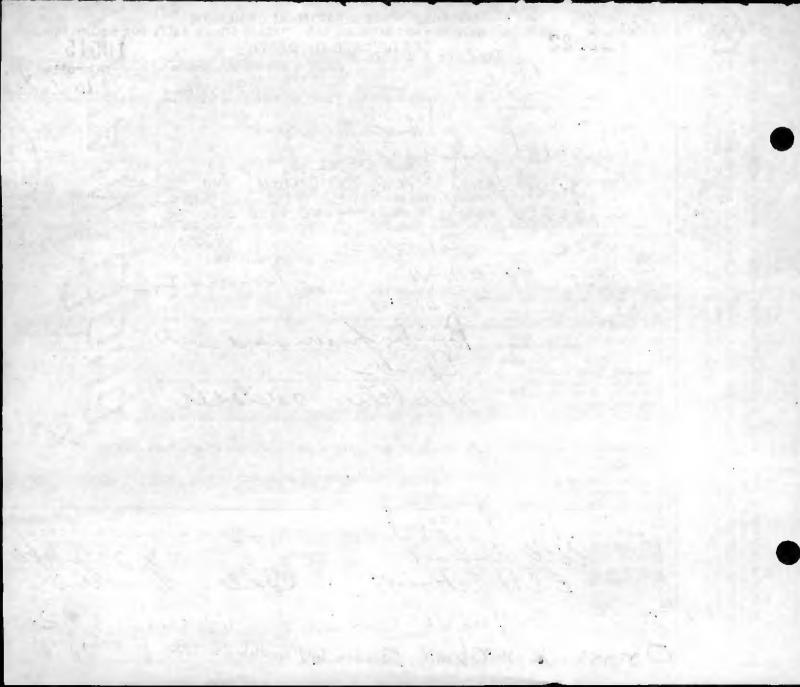
(State)

NO

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence for admission) a. COUNTY a. STATE b. COUNTY ges I after the MARYLAND CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) p within 72 hours write RURAL and give nearest town) hours Denton 5 filled NAME OF HOSPITAL OR INSTITUTION (if not/in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO I within letely completely we carbon NAME OF Middle DATE Month Day Year Last 4. DECEASED Event, (Type or print) DEATH 19 exemuted SEX 8. COLOR OR RACE 7. MARRIED 5. 8, DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) | Months | and Hours JUN WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | ician 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY and eas ARM ne attending physi permit. Then ple Dertificate FATHER'S NAME 14. MOTHER'S MAIDEN NAME геточа untmowix 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. V17. INFORMANT Address 10 death (Yes, no, or unkown) (If yes give war or dates of service) 03cremation, the been signed by the burial-transit prior to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c). INTERVAL BETWEEN requires that the ONSET AND DEATH 5 PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating prior underlying cause last. has 35 NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY r this certificate it detached for use te Dept. of Health for use Health PERFORMED? ERTIFICAT NO PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part | of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. OIRECTOR: After age 3 should be dilled with the State While Not While at work at work DR ATTENDIN 21. I certify that (I) (this deceased from 19 and that death occurred at/25 M. from the causes and on the date stated above. saw the deceased alive 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING STAFF M.D. PHYS. DIRECTOR MUSPITAL TO FUNERAL director, p PHYSICIAN'S 22d. NAME (Type) BURIAL, CREMATION, DATE THEREOF LOCATION (City, town or county) 23b. 230 NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) FUNERAL DIRECTOR 24. 25a. REC'D BY REGISTRAR BEGISTRAR'S SIGNATURE ADDRESS 25b. 1986



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120H (1) = 1 13

10523 MEDICAL EXAMINER'	S CERTIFICATE OF DEATH 3 and
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
o. COUNTY JA/bot MARYLAND	O. STATE 1761 b. COUNTY TALLY
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	7 - 7
A MANE OF HOSPITAL OR INSTITUTION (II.	d. STREET ADDRESS 9. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitol, give street oddress)	O. SIREEI ADUKESS ON A FARM?
Memorial	10 Sycamore Hive Gastin 12 YES INO I
3. NAME OF First Middle	Lost / 4. DATE Month Doy Year
	eman DEATH 7 . 3 1966
5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
m Le WIDOWED DIVORCED	1/28/1899 (of yrs. Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	
during most of working life, even if retired) JINDUSTRY JINDUSTRY JINDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob F. Bauman	Pauline Dreyer
	7. INFORMANT Address
(Yes, no, or unknown) (If yes give war ar dotes of service) 577-10-0802	Irs. J. Carl Bauman, Easton, Md.
18. CAUSE OF DEATH (Enter only one couse per lige for (o), (b), and (c).)	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CYCHAYU O	CCMSION ONSET AND DEATH
DUE TO	
Conditions, if any, which gave) (b)	
rise to immediate couse (a), (
stoling the underlying couse (c)	
, 14	To Wis Autopri
ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?
	YES NO
20o. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □	D. (Enter nature of injury in Port I or Port II of item 18.)
CAUSE OF DEATH.	
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour o.m. p.m. 19 While of work of work	octory, street, office bldg., etc.)
21. I certify that I taak charge of the remains described above,	held an Autapsy 🔲 , Inspection 💢 , Inquiry 🔲 , and in my apinian
death resulted from: Natural causes X. Accident . Si	uicide, Hamicide, Undetermined manner
ACTUAL THE MAN AND F	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
SIGNATURE SIGNATURE	M.D., ASSISTANT MEDICAL EXAMINER L.
EXAMINER'S NAME (Type) [//E/T	Where the Medical Examiner Address (Street, city, town, or county)
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	
Westers 7/6/1966 Arlington No	itional Arlington, Va.
24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
NEUWAM FUNERAL HOME, Easton, Md.	DATE JUL 14 1966 Peliante Oute

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Street and the X - - -

which was the second second

- In the second

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 bours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending envision and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after deaths. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10524 CERTIFICATE OF DEATH

	211021
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Delaware b. COUNTY Sussex.
INI BOT MARYLAND	Delaware Sussex
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write-RURAL and give nearest town) 47 days	Seaford 4/4-3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS a. IS RESIDENCE
MEMORIAl Hospital	R.F.D. # 3 ON A FARM?
3. NAME OF First Middle	Last 4. DATE Month Day Year
OECEASED (Type or print) Louis Edward	Boswell DEATH Z- 3 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF RIPTH I 9 AGE (In years LIFTINDER 1 YEAR DE LINDER 24 MRS
Male White WIDOWED TO DIVORCED	Sept. 7, 1889 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
Retired policeman Phila. Police Dep	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Enknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service) 179-22-8202 Mr	s. Albert S. Hankins, Seaford, Dela. R.D.#3
18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).)	I INTERVAL BETWEEN
DIOT I DESTU WAS CAUSED BY	Middle Cerebral Artery ONSET AND DEATH
IMMEDIATE CAUSE (a) 1111 VIT (O) (5)	Mode relediax Hittie 7 Who
JJZX DIFTO # 1 1 m.0	1/1
Cenditions, If any, which \ Colored CP or C Att C	crosclerosis. fps.
gave rise to immediate	
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
5 1)ia betes Mellitus -	- 2 (VOL. YES NO IX
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEASE DIA DE CONTRIBUTING — 200. DESCRIBE HOW INJURY OCCUPANT IN THE PROPERTY OF CONTRIBUTING — CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(2000) 100000 100000 100000 100000 100000 100000 100000
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While - Not While - fact	ory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on July 3 1966, and the	at death occurred at M, from the causes and on the date stated above.
22a. SIGNATURE	J-22b. DATE SIGNED
Miech h	D. PHYS. DIRECTOR PHYS. X 7, 4, 66
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) S. KRECH! JR.	EASTON, ME.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify) BUTIAL July 6, 1966 Cokesbury Ce	N
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
4.4. Framptomy Son Foderalshing	MI IIII
J. 1. 12 wildow Loon 2 callacounted	1114. DATE JUL 8. 1966 PCharles Judge

11.00

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1dui Berry and the district of the of the desired and the least of the desired and the desired an e amorada Assessment Conference of the state of the st which the property of the state pay in and him to be a few and medical a lateral rates when the latest lates

TO FUNERAL DIRECTOR: After this certificate has been signed by the atterning physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or Jamoval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10525
CERTIFICATE OF DEATH

	LUVEN TL	OLIVEI IONI	5 156 126	1 ₀	TIOTO
1.	PLACE OF DEATH a. COUNTY Jalkst	MARYLAND	2. USUAL RESIDENCE a. STATE	DE (Where deceased lived, if Institution b. GOUNTY	on: Residence before admission)
	b. CITY DR TOWN (if outside corporate limits, white RURAL and give nearest town)	8 sups	c. CITY DR TOWN (IF	ontside corporate limits, write Ri	URAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS	VITALL C. D.	6. IS RESIDENCE DN A FARM?
_	Vio pera plureing	france	NICO 10		YES NOW
3.	NAME DF DECEASED (Type or print) First	Middle	Brankt	4. DATE Month DEATH Seely	Day Year
5.	SEX 6. COLDR OF RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		IDER 1 YEAR IF UNDER 24 HRS.
2 P.	m 76 WIDOWED	DIVORCED .	Jeff. 71, 18	91 84 yrs.	
qui	ring most of working life, even if retired)	AND DE BUSINESS OR NDUSTRY RESERVED	11. BIRTHPLACE (CA	bunty & State, or foreign country) 1:	2. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	/
-	Jouis Brandt		Waga	delin Keis	
(Y	5. WAS DICEASED EVER IN U.S. ARMED FORCES? 16. es, no, dunkown) (If yes give war or dates of service)	30CIAL SECURITY NO. 17.	Was Felorana	6 Brendt D	4. michel
_	18. CAUSE DF DEATH [Enter only one cause per				I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	0000	20		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	cour	-CL		
	JJ 4X DUE TD -0	0 /1	×	0 0,	
	Conditions, If any, which \ (b)	erateller	alie ce	retrat t	-
	gave rise to immediate	0.		A	
z	underlying cause last. (c)	cardio	Ves of	<i>f</i> ,	
CATIO	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL E	DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING 2Db. I DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part I or Part II of Item	n 18.)
2		fantn	CE OF INJURY (Home, fa ry, street, office bldg., e		(County) (State)
MEDICAL	Hour a.m. While p.m. 19 at worl	MOT ALBITE L-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		A .
_	21. I certify that (I) (this hospital) attend		_ 2.//	964 to 1715, 1	2/a, that (I) (we) last
	-) //	1 / 6			
	saw the deceased alive on 223. SIGNATURE	19-e co and that	death occurred et	M, from the causes and	
	22. SIGNATURE	1 Ali	ATTENDING TO	MED. STAFF	- 18 - 1
	Myrry West	M.D	PHYS.	DIRECTOR PHYS	70-46
	NAME CLYDE) M REL	yer &	22d. ADDRESS	uchaele	mo
23	BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town o	r county) (State)
24	FUNERAL DIRECTOR	CADDRESS	25a. REG	C'D BY REGISTRAR I 25b. REGIST	RAR'S SIGNATURE
24	DE 1: M	A L	23a. KE	1111 40 1 -	
_	1 deligent	Cosalon 12	DATE	JUL 19 1966 30	lianly Judge

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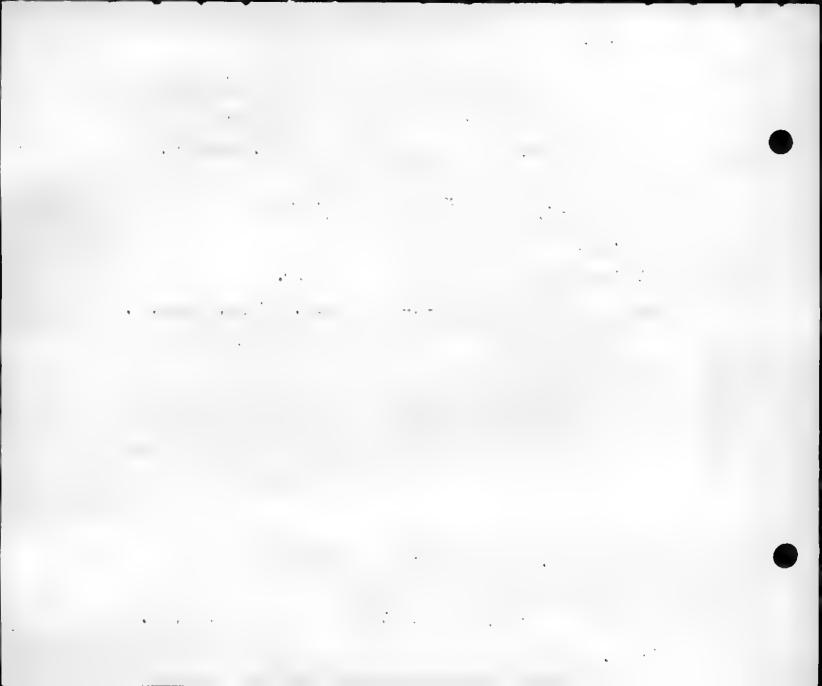
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. CDUNTY Maryland b. COUNTY Caroline the fest papers. Pages 1 in 72 hours after MARYI AND b. CITY DR TDWN (if outside corporate limits. c. LENGTH DF STAY IN 1b c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) à write RURAL and give nearest town) 24 hours Greenshoro = filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE within 72 DN A FARM? None NO -YES completely we carbon p within NAME DE Middle DATE Month Year DECEASED DF attending physician and comple irmit. Then please remove carb n, or removal, and to any event, (Type or print). DEATH 19 6 executed COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED 9. last birthday) Female White Months | Days Jan. 900 WIDOWED 17 DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Maryland certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pearson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT the attendit (Yes, no, or unknown) ((If yes give war or dates of service) 0 -14-468 Barbara Porter transit perm cremation, Greensboro 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the has be as the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS IVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate YES NO 🔼 PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) After this certi be detached State Dept. of DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MIDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm.) 2Df. (City or town) (State) (County) factory, street, office bldg., etc.) should be Hour a.m. While Not While at work p.m. at work retained 21. I certify that (1) (this hospital) attended the deceased from 22 and DIRECTOR: age 3 should lled with the and that death occurred at 9:10° M. from the causes and on the date stated above. 30 66 saw the deceased alive on. 22a. SIGNATUR 22b. DATE SIGNED DR be filed ATTENDING MED. DIRECTOR STAFF PHYS may HOSPITAL TO FUNERAL 22c. PHYSICIAN 22d. ADDRESS director, p Carney. Easton. Md tephen Page / BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. Mt. Olive Sandtown **FUNERAL DIRECTOR** ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 2DM 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1052 CERTIFICATE OF DEATH funeral and, 2 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY A by the Pages A affer of b. COUNTY MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b oon papers. Pag within 72 hours hours .= filled OR INSTITUTION (If not in hospital, give street address e. IS RESIDENCE ON A FARM? 126 S. Hanson St No X YES completely NAME OF DATE Month Day Year DECEASED OF DEATH event, 1 (Type or print) 19 6 executed DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. and cor 9. NEVER MARRIED birthday) | Months Days Hours WIDOWED DIVORCED the attending physician a sit permit. Upen please re mation, or removal, and in a 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR .≡ 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during,most of working life, even if retired) INDUSTRY Housework *yennoia* certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAM William Gentry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. death (Yes, no, or unknwn) I (If yes give war or dates of service) burial-transit pern burial, cremation, has been signed by the sax the burial-transit prior to burial, cremati CAUSE DF DEATH [Enter only one cause per line INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY or use Health PERFORMED? DIRECTOR: After this certificate age 3 should be detached for use led with the State Dept. of Health YES NO P PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part | of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from to. saw the deceased alive/or 17. M. from the causes and on the date stated above. and that death occurred at 22a. SIGNANURE 22b. DATE SIGNED page ATTENDING STAFF DIRECTOR O HOSPITAL TO FUNERAL 22c. PHYSICIAN'S ADDRESS director, p NAME (Type) DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. REMOVAL (Specify) FUNERAL DIRECTOR 25b. ADDRESS REC'D BY REGISTRAR REGISTRAR'S SIGNATURE A15 (4)

20M

MARYLAND STATE DEPARTMENT OF HEALTH



DEADE DE DEATH

TO TOWNERAL DIRECTOR After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit plemit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO NOSPITAL OR NITERIBING PRYFICIAN: The law removies that the leath certificate be executed within 24 hours after death. Lage 4 may be retained by the nominal or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH -DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

١.	e. COUNTY 1	O. STATE O. STATE O. COUNTY	sidence actore admissions
	Talbol MARYLANO	o. STATE b. COUNTY	noline
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
		1 1 - 1 - 1 - 1 - 1 - 1	4
-	- COSTOLI I ALDIS- SIMU	ted enals burg.	e. IS RESIDENCE
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS	ON A FARM?
	Ecolon Memorial	309 academy are	YES NO
3	NAME OF First Middle	Last 1.4. DATE / Month	Day Year
	(Type or print) Fd. The Sameson	311 nG DEATH July	2 8 19 66
5			YEAR IIF UNDER 24 HRS.
1	. MARKIED MEYER MARKIED	last birthday) Months I	Days Hours Min.
		oct. 30, 1891 74 yrs.	
1D.	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. Cf	TIZEN OF WHAT
1 "			UNTRY?
13	Housework Home	14. MOTHER'S MAIOEN NAME	1764
-	· POTTEN SE ANTHEL		
_	James P. Sampson	Mary McCann	
15 /Y	5. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITYNO. 17.	INFORMANT Address	
1,	No 160-10-1910 J	ames R. Sampson, Villas, New Je	rsev
=	1 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c) I		INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY:	keent & nutustases	ONSET, AND DEATH
	THINEDIALE GROSE (d)	ceems & reas = 51 - 55	(;)
1	OUE TO		
	Cenditions, if any, which (b)		_
	gave rise to immediate (
	tongo (a), stating the		
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUTNOT RELA	TED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	119. WAS AUTOPSY
CERTIFICATION	TART IT OTHER SIGNITIONAL CONTACTOR OF THE TOTAL CONTACTOR OF THE CONTACTO	TED TO THE TERMINAL DISEASE CONDITION BITER THE ART 2(3)	PERFORMED?
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E	2Da. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCU	RREO. (Enter nature of injury in Pert I or Part II of Item 18.)	/
2	OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f., (City of town) (Cour	ity) (State)
۱ă	Hour a.m. While Not While factor	y, street, office bldg., etc.)	
ž			
	L. I verdig that (i) thing hospital pitteraca for deceased fight	28 July , 19 66, to 28 kely 19 by	_, that (I) (we) last
	saw the deceased alive on July 18 1966, and that	death occurred at 6 15 M, from the causes and on the	e date stated above.
	22a. SIGNATURE	22b. 04	TE, SIGNEO
	There the Wasen on M.O.	ATTENOING MED. STAFF PHYS. PHYS.	pela 66
	22c. PHYSICIAN'S	22d. AOORESS	7
1	NAME (Type) Thurston Harrison M. D.	Dutchmans Lane Easton, Ma	aryland
23		OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
23	DEMOVAL (Charley)		
		1	
24	FUNERAL DIRECTOR AOORESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
	from Tramplom of tederalsburg, haryland	DATE AUG 3 1956 Oction	12 O. 1.
1#			- Judge
		:	UV



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. PLACE DE DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY the h **b. COUNTY** a. STATE Carolina MARYLAND by the Pages b. CITY DR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b etely filled in by the bound papers. Page within 72 hours a write RURAL and give nearest town) hours Federalshurg d. NAME OF HOSPITAL INSTITUTION (If not ly hospital, give street address) e. IS RESIDENCE DN A FARM? d. STREET ADDRESS Charles St NO -YES within etely completely ve carbon NAME OF First Middle 4. DATE Month Year Last remove carbovers event, w DECEASED 0F (Type or print) DEATH 19 6. CDLOR DR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 8. 9. female white 80 WIDOWED .I885 OIVORCED [Aug. IO Ξ. 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ing physician Them please during most of working life, even if retired) INDUSTRY COUNTRY? and Buffalo. N. housewife none 13. FATHER'S NAME removal, 14. MOTHER'S MAIOEN NAME Fratzherbert Julia Frank Melvin attendin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address ermit. on, or r (Yes, no, or unknwn) [(If yes give war or dates of service) been signed by the attention the burial-transit perminent to burial, cremation, o Ella Mae Queen Anne. Md. 219-07-6140 Tapper 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. (c) has 88 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY After this certificate has be detached for use State Dept. of Health p for use Health p PERFORMED? NO D YES hospital 20a. ACCIDENT WAS UNDERLYING TO THE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20c. TIME OF INJURY Month, Day, Year | (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After d be d While Not While 2 at work at work p.m. retained 1966 21. I certify that (I) (this prospital) attended the deceased from ته 3 shoul with the DIRECTOR: and that death occurred at saw the deceased alive on . from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED pe page ATTENDING STAFF nun Harrisker M.O. DIRECTOR PHYS. PHYS. may FUNERAL PHYSICIAN'S 22d ADDRESS Dutchmans director, p should be 1 Harrison, M. Thurston NAME (Type) Lane, Easton, Maryland BURIAL CREMATION. 23b DATE THEREOI NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 24 FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. RECISTRAR'S SIGNATURE VR A15 (4) DATE 20M 1/65

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending purisoral and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
HABLT MARYLAND	a. STATE Maryland b. COUNTY Talbox
b. CITY OR TOWN (if outside corporate limits.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	Easton
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
MEMORIAL	211 Doven Street ON A FARM? YES NOTE
3. NAME OF DECASED (Type or print) FA & Bryan (RE)	GHTCN 4. DATE Month JULY 3, 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF RIPTH IO ACE (In years FINDED 1 VEAD HE INDED 24 UPS
Female white WIDOWED DIVORCED	1/28/1897 Gest birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR during most of working lije, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Housework	Cleveland Ohio OSINTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thoodone ff. Anten	Gentrude Phelas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	s S. Creighton, Easton, Nd.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Applicance de	ue to slopp, aureus 3 days
DUE TO	
Cenditions, If any, which (b)	
gave rise to Immediate (cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
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PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While - Not While - factor	y, street, office bldg., etc.)
	79.
21. I certify that (I) (this hospital) attended the deceased from 3 saw the deceased alive on 3 2 4 and that	
saw the deceased alive on School 19 c, and that	death occurred at 532 M, from the causes and on the date stated above.
17.10 00'	ATTENDING MED. STAFF - 4/ 0 0 //-
22c, PHYSICIAN'S M.D.	PHYS. DIRECTOR PHYS. Tues
NAME (Type) Stephen P. Carney, M.D.	Easton, Md.
23a. BURIAL, CREMATION, 287. SATE THEBEOF 23c. NAME OF CEMETERY	
1940/12 Ashtabula (
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Maurece Li Nauren Don hAstown	Wid DATE JUL 6 1966 Milanles Judge

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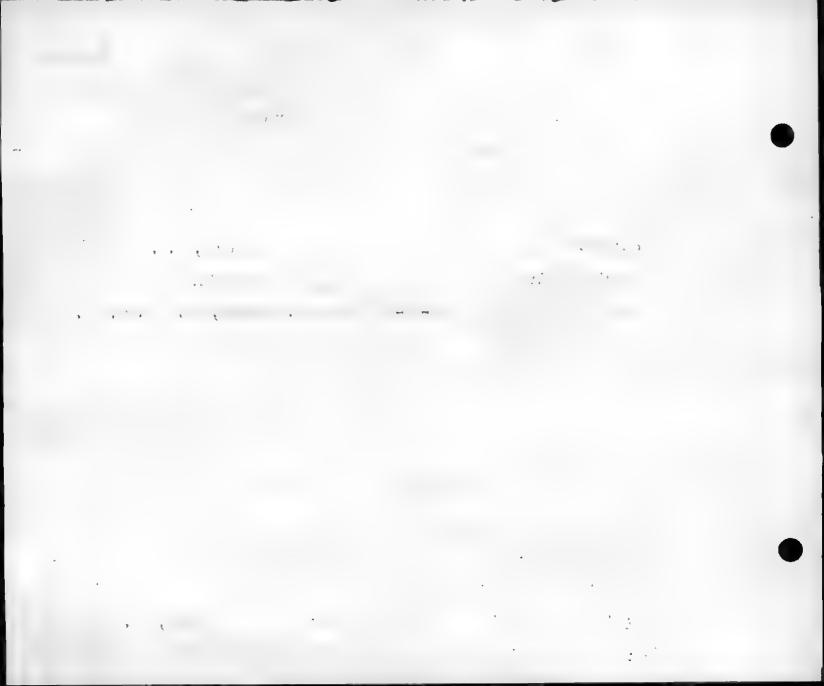
1 22 " * (C) P TO MOSETTAL OR NITERBILL FLYS. IN: The law requires that the Mealh cartificate be exacuted within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL CIRECTOR: After this certificate has been signed by the attending Invision and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaph.

> VR A15 (4) (20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		OFKIR JOATI	- OI DEATH		11.124
1.	PLACE OF DEATH	1	2. USUAL RESIDENCE	(Where deceased lived, If institution: R	esidence before admission)
	a. COUNTY Tolbat		a. STATE M	b. COUNTY 7	14 - 1
_	171001	MARYLAND	, , , , ,	yland lal	bot
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 1b	C. CITY OR TOWN (If ou	tside corporate limits, write RURAL	and give nearest town)
	FASTON	Bodays	Oxford.		1 1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	spital, give street address)	d. STREET AOORESS		e. IS RESIDENCE ON A FARM?
_	Memorial Hosp	ital		*	YES NO X
3	NAME OF DECEASED	Middle	Last 4	DATE Month	Day Year
	(Type or print) Deon4	H	CRIPPEN	DEATH JULY	22 1966
5	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIEO	B. DATE OF BIRTH	32.7 (27.8)	I YEAR IF UNDER 24 HRS.
-	temple white widowed	DIVORCEO [9-8-98	67 yrs. Months	Days Hours Min.
10:		NO OF BUSINESS OR	11. BIRTHPLACE (Count	ty & State, er Mreign country) 12. C	TIZEN OF WHAT
uui	Housework	JUSIKI	l la	naven N 7"	ÜSA
13	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	UICA I
	David Hansins		E S-4	:	
15	. WAS DECEASED EVER INU.S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT	oenick Address	
{Yi	es, no, or unkown) (If yes give war or dates of service)	000 04 00 nz 11	. 0 (- 0. 0 0 1	A1 7 T
-			enry R. (rip	pen, In Oxford,	110
	18. CAUSE OF DEATH (Enter only one cause per lin	e for (a), (b), and (c).]	11. 1.		INTERVAL BETWEEN ONSET AND DEATH
	PART I. OEATH WAS CAUSEO BY: ,	Mederia pe	fitic a lan		24 les.
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	gave rise to immediate (b)				
	cause (a), stating the DUE TO				
~	underlying cause last. (c)				
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Ħ	20a. ACCIDENT WAS UNDERLYING 20b. OF	SCRIBE HOW INJURY OCCU	RRED. (Enter nature of In	Jury In Part I or Part II of Item 18.)
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-2	21. I certify that (I) (this hospital) attended		hele 195	5 10 22 holes 196	(e, that (I) (we) last
	saw the deceased alive on 22 hug		death occurred at 10	M, from the causes and on the	
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	Me to Wassin		ATTENDING MEI	D. STAFF DI 2 3	hade ble
	Illus / her Harrisker	M.O	. PHYS. DIR	ECTOR PHYS.	1-7-1
	NAME (TYPA)	PRISON	22d. AOORESS	Siche Mendan	4
				may may can	
234	REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, fown or cot	inty) (State)
	Bunial 7/25/1966		etery	Oxford, Ad.	
29	. FUNERAL DIRECTOR	ADDRESS	25a. REC'D	0.00	SSIGNATURE
17	Marina E. NouMains in	N) FASTON	VAIQ DATE UL	26 1966 Jolians	es Judge
11	Manual Trio wood for a contraction	1000	I DATE -		



1		MARYLAND STATE DEPARTMENT OF HEALTH	10525
-		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 11.1	IARYLAND
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and corremove		MALE COLORED WIDDWED DIVORCED SEAL 20, 1912 65 yrs. Months!	Days Hours Min.
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ita (g	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address	. K
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the the ation		18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c).]	I INTERVAL BETWEEN
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phy phy buri buri		Conditions, If any, which gave rise to immediate (b) arteroscleration served decrease	Untifern
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aw re ttendi has be as th prior	NO	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
CCIAN: The law ospital or atten certificate has hed for use as t. of Health pric	CERTIFICATION	THE THE POST OF TH	PERFORMED?
T He for He	TIFI(20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18	
ICIAN lospiti certi certi certi certi	CER	OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
HOSPITAL OR ATTENDING THYSICIAN: The law requires that the Law be retained by the Hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed birector, page 3 should be detached for use as the burial-trannould be filed with the State Dept. of Health prior to burial, creative the state Dept.	MEDICAL	factory street office bldg atc.)	inty) (State)
ING I by the Affer be constant State	MED	Hour a.m. While Not While p.m. 19 at work at work	
INDI ned III. A		21. I certify that (1) (this hospital) attended the deceased from 24 forme, 1964, to 5 form, 19	that (I) (we)-last
retained FECTOR: A 3 should with the		saw the deceased alive on the cause and on the same that death occurred at M. from the cause and on the caus	he date stated above. ATE SIGNED
DIRE Be 3 ge 3		M.D. ATTENDING MED. STAFF WYS. W.D. PHYS. DIRECTOR PHYS. W.D.	Quel 1. 4
TAL May AL C		22c. PHYSICIAN'S 22d. ADDRESS	pag a
HOSPITAL Jage 4 may FUNERAL I irector, pai		NAME (Type Stephen P. Carney, M.D. Easten, Md.	
TO HOSPITAL OR ATTENDING Falle 4 may be retained by the Funeral Directors. After director, page 3 should be should be filed with the State	238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. MAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity, town or cou	1/14 1
F = 2	24	DURIAL 12 1 66 GLZEY MEIT	S SIGNATURE
VR A15 (4)	2.4	(- (2 1) 1 200 0 7 1 0 111 1 1 1000 000.	ele, Judge
20M 1/65	17	the startly 6 orlong my late out II 1900	Though :=



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapt.

> VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
10526

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
e. COUNTY	e. STATE Maryland b. COUNTY Caroline
b. CITY OR TOWN (if outside corporate limits, 1 c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	Greensboro
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS 0. IS RESIDENCE
11/2 - 1 1 1	ON A FARM?
- remorial Hospilal	1123 1102
3. NAME OF DECEASED First Middle	Last 4. DATE Month Day Year
(Type or print) John Edwin Edwin	ddingfield BEATH 1 28 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Male White WIDOWED DIVORCED	12-29-1895 70 yrs. Months Days Hours Mill.
102. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
duting most of working life, even if retired) INDUSTRY	Delaware USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John T. Eddingfield	Mary R. White
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1.17	INFORMANT Address
(VM-no or unknown) (/If yet nive way or dates of carrier)	ary Eddingfield Greensboro, Md.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	lieus è un la terra
IMMEDIATE CAUSE (a)	lung è mententenea (3)
160 X DUE TO	
Cenditions, If any, which (b)	
gave rise to immediate (cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	DEDECOMED?
5 Old left hewiflegie	YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC Hour a.m. While Not While at work at work	ry, street, office bldg., etc.)
	6 fely , 1966, to 28 fely , 1966, that (1) (we) last
21. I certify that (I) (this hospital) attended the deceased from 29 saw the deceased alive on 25 hules 1966, and that	death occurred at 123M, from the causes and on the date stated above.
228. SIGNATURE?	death occurred at 1 22m, from the causes and on the date stated above.
Mu De Stare	ATTENDING & MED. STAFF DI 16 6.0. 1.1
22c. PHYSICIAN'S M.D.	PHYS. X DIRECTOR PHYS. 1
NAME (Type) Thurston Harrison M. D.	Dutchmans Lane. Easton. Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
REMOVALISACITY 7-31-66 Greensboro	
24. FUNERAL DIRECTOR ADDRESS	Greensboro, Maryland A 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
10.82 5 B-VI 91 -0-	2. []
de comara lacenson	MH DATE AUG 1 1906 Kalen Juaga
V	u II O



24 hours after death, and the f es 1 Ξ filled within within completely event, executed remove any ase r = death certificate remova attending permit. Then permit. 5 cremation, the that the õ the hospital or attending physician. been signed ATTENDING PHYSICIAN: The law requires prior 1 33 After retained Page 4 may O HOSPITAL

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ÉA CERTIFICATE DEATH OF PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY s. Pages 1 hours after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. In 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE NAME OF First Middle Last 4. DATE Day DECEASED OF 3 (Type or print) DEATH 5. SEX 6. COLOR OR RACE DATE OF BIRTH I IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED ACE (In years NEVER MARRIED birthday) Months Davs WIDOWED DIVORCED 10a. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? 00 FATHER'S NAME MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unknown) I (If yes give war or dates of service) burial transit purial, cremati CAUSE OF DEATH [Enter only one cause per line for INTERVAL BETWEEN ONSET AND PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate ませ **DUE TO** (a), stating the underlying cause last. r this cerum. detached for use a CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 120e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20f. (City or town) (County) be de State Hour a.m. factory, street, office bldg., etc.) While Not While 19 at work at work p.m. DIRECTOR: Af age 3 should liled with the S 21. I certify that (f) (this hospital) attended the deceased from and that death occurred at 11 P.M. from the causes and on the date stated above. saw the deceased alive or 196 22a. SICNATURE 22b. page : ATTENDING PHYS. MED. DIRECTOR M.D. O FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) F 36 chard Tyson Aurora St. Easton, Md. BURIAL, CREMATION,"
REMOVAL (Specify) DATE THEREOF **CEMETERY OR CREMATORY** LOCATION (City, town or county) ADDRESS FUNERAL DIRECTOR REGISTRAR'S SIGNATURE 25b.

MARYLAND STATE DEPARTMENT OF HEALTH

ON A FARM?

Year

WAS AUTOPSY

NO.

(State)

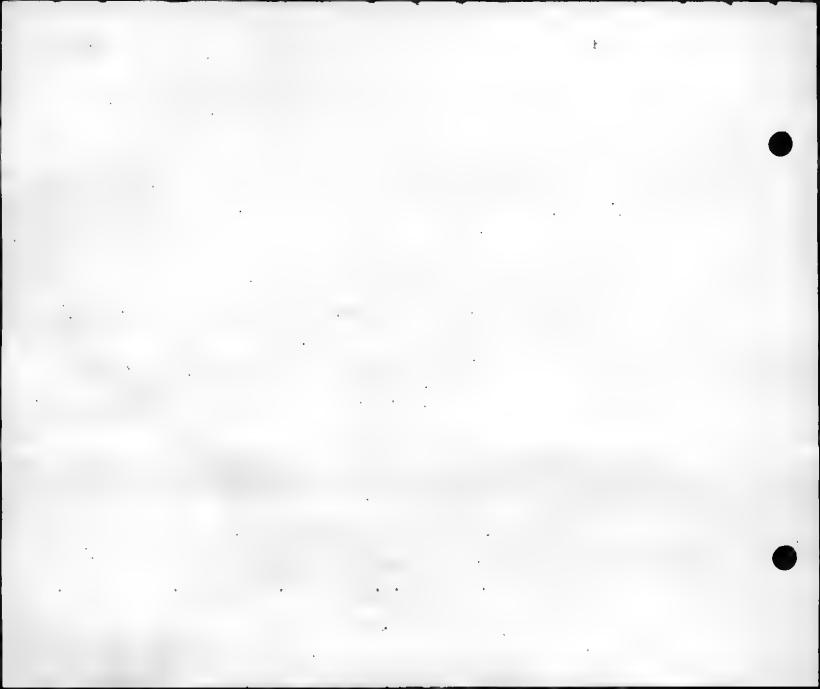
(State)

19

Hours

ND .

A15 (4) VR. 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	16535	CERTIFICAT	E OF DEATH		10327
1.	PLACE OF DEATH a. COUNTY				ion: Residence before admission)
	TALBOT	MARYLAND	a. STATE Maryla:	nd b. COUNTY	Caroline 🗸
	 CITY OR TOWN (if outside corporate write BYRAL and give nearest town 	e limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	e corporate limits, write F	RURAL and give nearest town)
١.	EAS-TON	5 days	Prestor	n.	
	d. NAME OF HOSPITAL OR INSTITUTION	N (if not in hospital, give street andress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
_	Memorial y	Hospital	R.F.D.		YES NO
3.	NAME OF FIR	st Middle		ATE Month	Day Year
	(Type or print)	24 C	THAKTY	EATH	- /- 19 (-6
5.	Male 6. COLOR OR RACE	7. MARRIED X NEVER MARRIED	8. DATE OF BIRTA	9. ACE (In years IFU	NDER 1 YEAR IF UNDER 24 HRS.
100		WIDOWED DIVORCED	June 21,/1897	yrs.	
dui	a. USUAL OCCUPATION (Give kind of work or ing most of working life, even if retired	INDUSTRY	11. BIRTHPLACE (County &		12. CITIZEN OF WHAT COUNTRY?
12	Farmer Father's name	Farm	Caroline Cour	ity, Maryland	U.S.A.
13		7 Lash a sakes	14. MOTHER'S MAIDEN NA		unknown)
1,5	Stephen I . WAS DECEASED EVER IN U.S. ARMED FO		(MCORINA)	Elizabeth(Last name
(Y	es, no, or unkown) (If yes give war or dates of	service)	INFORMANT	Address	
	No		s. Josephine Fl	luharty, Pres	
	18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS GAUSED BY:	11 / /	inc. Hini		INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE		17170/710121	7CY	
	Conditions, If any, which 1	10 Frank 1 91	2/773	1	
	gave rise to immediate	(b) 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	1110 811	9	
	cause (a), stating the underlying cause last.	a con pulh	707 256		
20	PARTII. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PAR	T1(a) 19. WAS AUTOPSY
CERTIFICATION					PERFORMED?
E	20a. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of Injury	In Part I or Part II of Ite	
CER	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMIN	.H (ER)			
CAL	20c. TIME OF INJURY Month, Day, 1	rear 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
MEDI	Hour a.m. p.m. 19	While Not While at work	ory, street, office bldg., etc.)		
2		ital attended the deceased from	19.25	-to	19 that (i) (we) last
	saw the deceased arive on 12	7/10/10/10/10	7/2	,	on the date stated above.
	228. SICNATURE	11.	1) 1.		DATE SIGNED
	elle	em t M.		OR PHYS.	1 JUN 1966
	22c. PHYSICIAN'S NAME (Type)	N Gatarick	22d, ADDRESS	m	/-
-	C	1 - Jeinmal	Lagran	11/00/11	orzy.
238	REMOVAL (Specify)	HEREOF 23c, NAME OF CEMETER		LOCATION (City, town	
24	Burial July 3,	, 1966 Union Grove (ear Preston,	

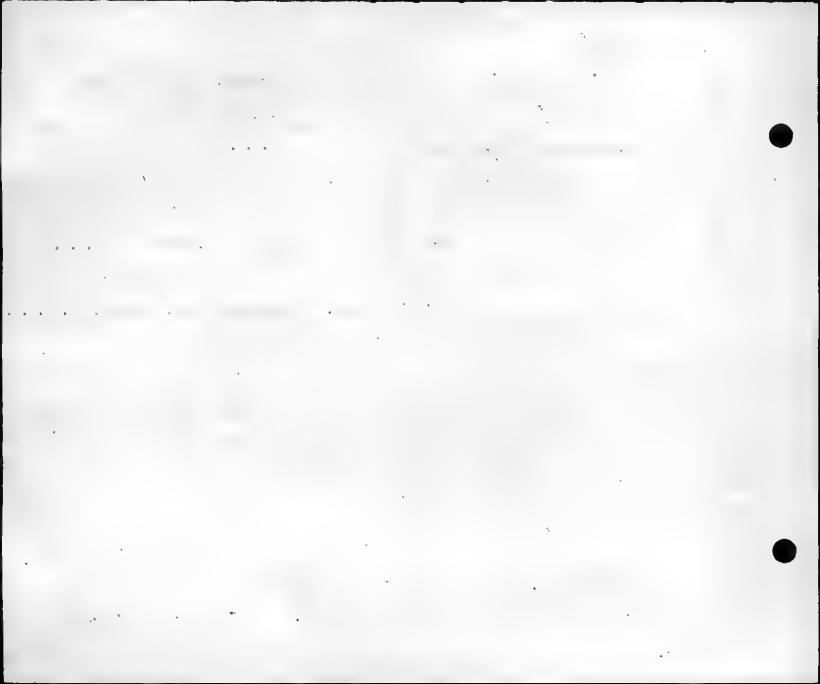
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1966

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then places remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, sad-m any event, within 72 hours after death.

5 (4) 1/65



1	N		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
c	1/1		10536 CERTIFICATE OF DEATH 10528
death.	and death,	1,	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
m 0 "			10 bot maryland laryland Talbot
rs af	s. rages i hours after		b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
homrs ed in by	72 ho	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
	thin 72 I		Memorial Hospital 111 Choptank Ave. YES NO VIES NO VIE
within pletely	2 3	3.	NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) HARRY RAYMAND HUHARTY DEATH 7 2/19/1/
F- 6	event, v	5.	SEX 16. COLOR OR RACE 17. MARRIED TO NEVER MARRIED TO 18. DATE OF BIRTH 19. AGE (IN years I F UNDER 1 YEAR HE UNDER 24 HRS.
E -	all	,	male white WIDOWED DIVORCED 10/16/1898 67 185 Months Days Hours Min.
=	ease r and in	10a dur	. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 10b. KIND OF BUSINESS OR INDUSTRY 11b. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT SOUNTRY?
	<u> </u>	13.	Gareen marine USM Talbot Manyland USM Talbot Manyland USM 14. MOTHER'S MAIDEN NAME
certifi∎ate nding phys	remova		George W. Fluharty. Sr. Elizabeth Framaton
	<u> </u>		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address s, no, or unknown) [(Ifyes pive war or dates of service)
deats	perition,	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).
tlle by t	ransır perr cremation,		PART I. DEATH WAS CAUSED BY: MYOCArdial INterction Acute ONSETAND DEATH
ysicial ysicial gned	- a -	Н	4 DUE TO MILL A COLOR IN CLEAN TO SEE STATE
hd h	to buri	П	gave rise to immediate (b) Atheroscierotic flew fishers
v req	as the prior t	П	cause (a), stating the underlying cause last (c) Coronary Artery Atherosclerosis 34VS
or atte	r use a ealth pr	CERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEQ? YES 1 NO Y
BIAN Ospit certi	t. of H	CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	detac e Dep	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
ll by Affer	Stat	MEC	p.m. 19 at work at work
aine OR:	hould the		21. I certify that (I) (this hospital attended the deceased from 19, 19, to 19, 19, to 19, that (I) (we) last saw the deceased alive on 19, and that death occurred at 3 AM, from the causes and on the date stated above.
OR ETT	witt Witt		22a. SIGNATURE 22b. DATE SIGNED
	page filed		M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 7 21 66
MOSFITM Mgm 4 ma FUNERAL	d be		NAME (Type) S. KRECH, JR. EASTON M. F.
TO TOST	director should b	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
		24	Burial Park 7/23/1966 Woodlawn Memorial Park Easton; Md. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
	(4) A	m	Parice E. Neutronion EASTOD M. d. DATE JUL 25 1966 gollander July

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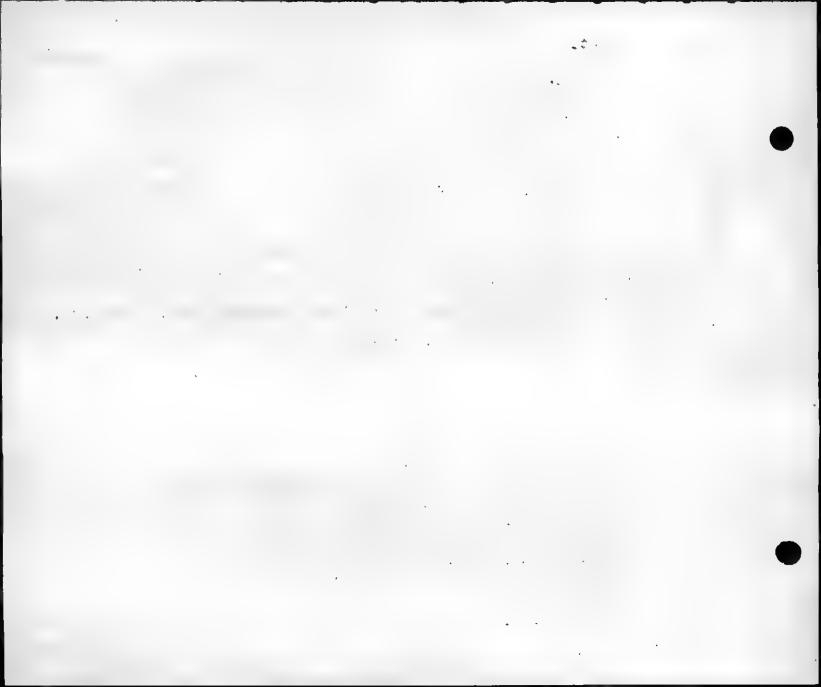
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Mours after Meath.

Pege 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages Land Ashould be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event) within 72 hours after death.

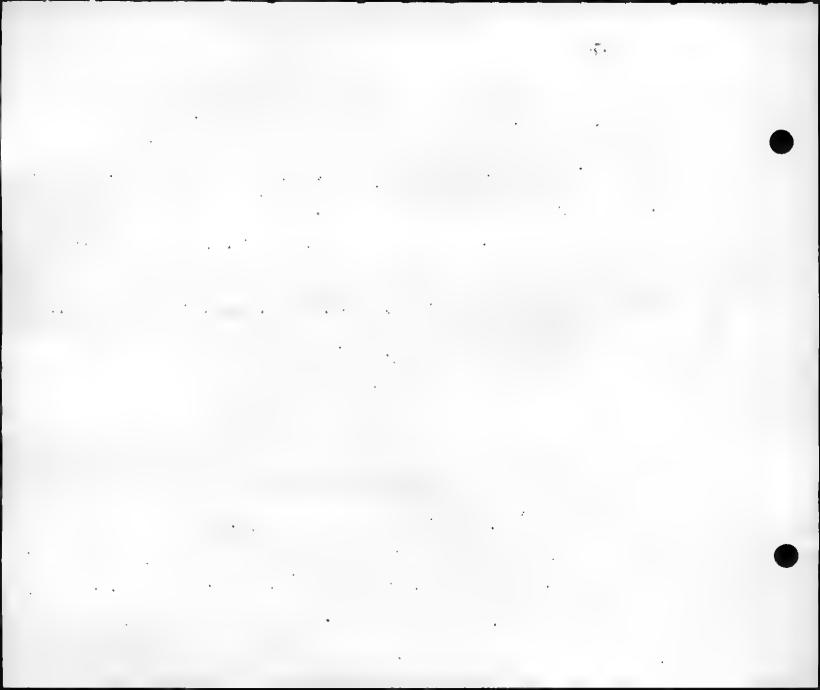
			MARYLAN	D ST	ATE DEP	ARTM	ENT OF I	HEALTH		
DIVISIO	Y OF	STATISTICA	L RESEARCH	AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE :	. MARYLAND
イクピラ	PN				IEIGATE					,

	10007 GERIIFICAT	E UF DEATH	10590
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Re	sidence before admission)
	a. COUNTY	a. STATE b. COUNTY	/
	MARYLAND MARYLAND		roline
	b. CITY OR TOWN (if outside corporate limits, write RURAL and swe nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	Easton	Greensboro	05.2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		8. IS RESIDENCE
	Eastan Managai		ON A FARM?
_	Easton meldonidi		YES NO
3.	NAME OF First Middle	Last B 4. DATE Month	Day Year
	(Type or print) DODY DOY	DEATH DEATH	0 1966
5.	SEX 6. COLOR OR PACE 7. MARRIED NEVER MARRIED X	8. DATE OF BIRTH 9. AGE KM year IF UNDER 1	YEAR IF UNDER 24 HRS.
		last/birthday) Months	Days Hours Min.
100	B. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	JUIV 1940 yrs.	1 15 30
	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIŽEN OF WHAT UNTRY?
		TIC	
13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	CI anlos M. C. CCT.	margaret a Diel	al- Das
1.0	Charles M. Orittin	ingrawlet and blok	(e1200
(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
	Ro None C	harles Griffith Greensboro	n Ma
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
	IMMEDIATE CAUSE (a)		
	DUE TO	 ;	
	Conditions, If any, which (b)	criby	
	gave rise to Immediate (,	
	cause (a), stating the	· No king	
2	underlying cause last. (c)		10 HIAS HITODON
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY MERFORMED?
1CA	Second 01	1 com	YES NO
TIF	20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury In Part 1 or Part II of Item 18.)	
ER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		AOC OF HILLSY (I) and Committee of the C	411 (114-4-1
2	fact fact	ACE OF INJURY (Home, farm, 20f. (City or town) (Courtory, street, office bidg., etc.)	nty) (State)
MEDICAL	P.m. 19 While Not While at work		
	21. I certify that (I) (this hospital) attended the deceased from	10 to 10	_, that (l) (we) last
	saw the deceased alive on 1 1900, and the	at death occurred atp_M, from the causes and on th	TE SIGNED
	22d. Sidikitona	ATTENDING MED. STAFF	7
	form & Maciningon M	D. PHYS. DIRECTOR PHYS.	-2366
	22c. PHYSICIÁN'S NAME/(Type)	22d. ADÖRESS	
	()		
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
	REMOVAL (Specify)	17	
-			aryland
24	. FUNERAL DIRECTOR ADDRESS	The state of the s	SIGNATURE
	John & downers diena	DATE JUL 27 1996 Milan	les Judge
-	√		



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, of removal, and in any event, within 72 hours after death-TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
ST. ST.			
-	1. PLACE OF DEATH		
	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Re 8. STATE b. COUNTY	- V
	MARYLAND MARYLAND		aroline
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL	
	7 as tall 6 lipur	Federalsburg - Rural	05-2
,	d. NAME OF MOSPITAL OR JUSTITUTION (If not in hospital, give street address)		e. IS RESIDENCE ON A FARM?
	Castou Millarias	Near Hickory Hill	YES X ND
1	3. NAME OF (Also known Ast Wood) . Middle .	Last 4. DATE Month	Day Year
	(Type or print) Woodel Welver	Mauay DEATH	7 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (th years IFUNDER) 10 188/	Days Hours Min.
MILITE WIDOWED DIVORCED DEC. 17, 1004			
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12.			TIZEN OF WHAT UNTRY?
Retired Farmer and Carpenter Caroline Co., Maryland USA			
13. FATHER'S NAME Arthur Handy Annie Hubbard			
	(Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	***
No 218-16-5349 Mrs. Mary V. Handy, Federa			, Md., RFD
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (o).)	7.	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	eurondi	0.1021 1010 02117
	4 1 surro OV 1/11	4	
	Conditions, If any, which gave rise to immediate (b)	elud	
	cause (a), stating the DUE TO		
	underlying cause last. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO DEATH CONTRIBUTING TO DEATH CONTRIBUTING TO DEATH CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO DEATH		YES NO
	200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in Pert I or Part II of Item 18.)	
			_
	facts	ACE OF INJURY (Home, farm, 20f. (City or town) (Cour ory, street, office bldg., etc.)	nty) (State)
	Hour a.m. p.m. 19 While Not While 18th		
	21. I certify that (I) (this pospital) attended they decease of from	, 19, to, 19	, that (I) (we) last
	saw the deceased alive on 17, 7 19 and that	it death occurred at 6 MM, from the causes and on th	
	22a, SIGNATURE	ATTENDING MED, STAFF 226. DA	TE SIGNED HAR
	22c. PHYSICIAN'S DIRECTOR PHYS. DIRECTOR PHYS. X		
	NAME (Type) FC H SN hhand	Lasten Illan	and
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or cour	nty) (State)
Burial July 23,1966 Hill Crest Cemetery Federalsburg, Marylan			
	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
1	1. A Dagmotion & Com Jadagalet	17/d, DATE JUL 22 1966 20ho	when Juage
?	A Francisco (Section Story	, MA, I DATE JUL 4 & 1900 Jesse	
		1 *	-



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) by the formal Pages 1 urs after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours hours STON .⊆ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ELWOODD NOI YES completely NAME OF OECEASED 3. First Middle OATE Month Year (Type or print) DEATH executed 6. COLOR AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. remove 7. MARRIEO 9. **NEVER MARRIED** any Months Oays Hours and WIOOWEO [DIVORCEOF physician and please re Ξ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY and ELD SUPR-DEPT. of MOTHER'S MAJOEN NAME remova attending permit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 703 ELW00 the attent permit. or (Yes, no, or unkown) [(If yes give war or dates of service) cremation, been signed by the street to burial transit prior to burial, cremati CAUSE OF DEATH [Enter only one catige per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH I. OEATH WAS CAUSED BY IMMEDIATE CAUSE (a) attending physician. davs OUE TO afterosclerasis Conditions, if any, which gave rise to immediate **OUE TO** cause (a), stating the as th underlying cause last. 135 (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health use PERFORMED? certificate YES NO the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING I OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, officebldg., etc.) Hour a.m. MED Not While retained by ATTENDING p.m. 19 at work at work director, page 3 should should be filed with the U 1966 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ge ATTENDING PHYS. M.D. DIRECTOR PHYS. O HOSPITAL PHYSICIAN'S AODRESS 22c. 22d. NAME (Type) BURIAL, CREMATION, 23h. DATE THEREO: 23c NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23d. (State) REMOVAL (Specify) ure **FUNERAL DIRECTOR** REGISTRAR'S SIGNATURE ADDRESS REC'O BY 25b. VR #15 (4) DATE 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 10540 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission p. COUNTY b. COUNTY P.M3. Page and 3 to Department of death. MARYLAND deloy c LENGTH OF STAY IN 1b c City OR TOWN (If outside carporate limits, write RURAL and give negrest town) If outside corporate limits. after d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS form hours in pencil in Item 18. Give Poges 1, Stote | 2 hour This certificate should be executed within 24 hours ofter death With 3. NAME OF Muddle First 4 DATE Montt DECEASED 0F (Type or print) DEATH Chief Medical Examiner's Office olong S SEX AGE (In years 7 MARRIED WIDOWED D YORCED event lond 10b KIND OF BUSINESS OR during most of work not be even if returned INDUSTRY dny gud INFORMANT permit. (Yes, no. or unknown) (If yes give wor or dates of service) or remayol, pending" NO 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY Diabetic Acidosis IMMEDIATE CAUSE (o) writing the word burial, cremation, DUE TO Conditions, if any, which gave Large undrained vulva vaginal abscess rise to immediate couse (a), forwarded to DUE TO 0 stoting the underlying couse first Diabetes PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 116) the certificate, 0 pe 4 should be 200 EXTERNAL CAUSE WAS Health or its designated agent, prior 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part or Part 1 of Item 1B.) 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH 20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or fown) Hour o.m. foctory, street, office bldg., etc.) While Not While FUNERAL DIRECTOR: Page please execute ot work ot work the funeral director. Page 21. I certify that I took charge of the remains described above, held an Autapsy Inspection [inquiry to Notural couses . deoth resulted fram: Accident . Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER 104 S. Liberty **EXAMINER'S** NAME (Type) R. Layton, M.D. BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY

Address (Street, city, town, or county) Centreville Q.A. Md. 0 CENTER VILLE 2Sb REGISTRAR'S SIGNATUR REC D BY REGISTRAR Marley VR A15ME (5)

e IS RESIDENCE

ON A FARM?
YES NO

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED 7

and in my apinion

NO

(Stote)

vears WAS AUTOPS)

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YES TOO

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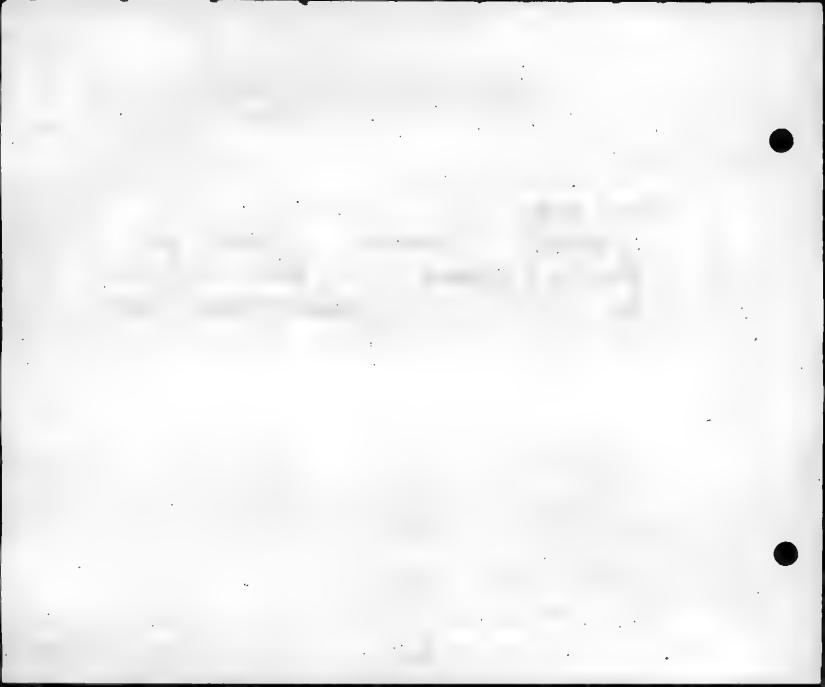
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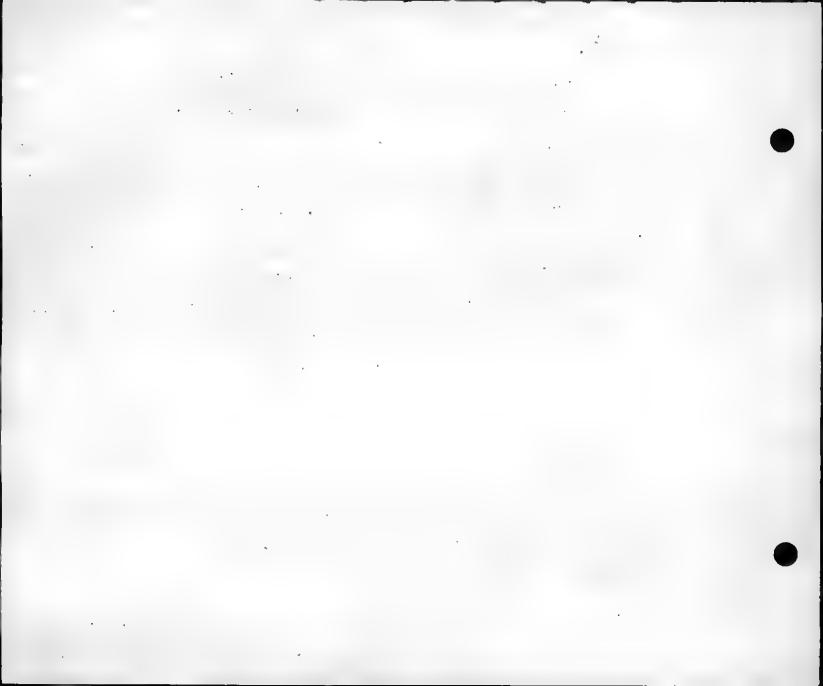
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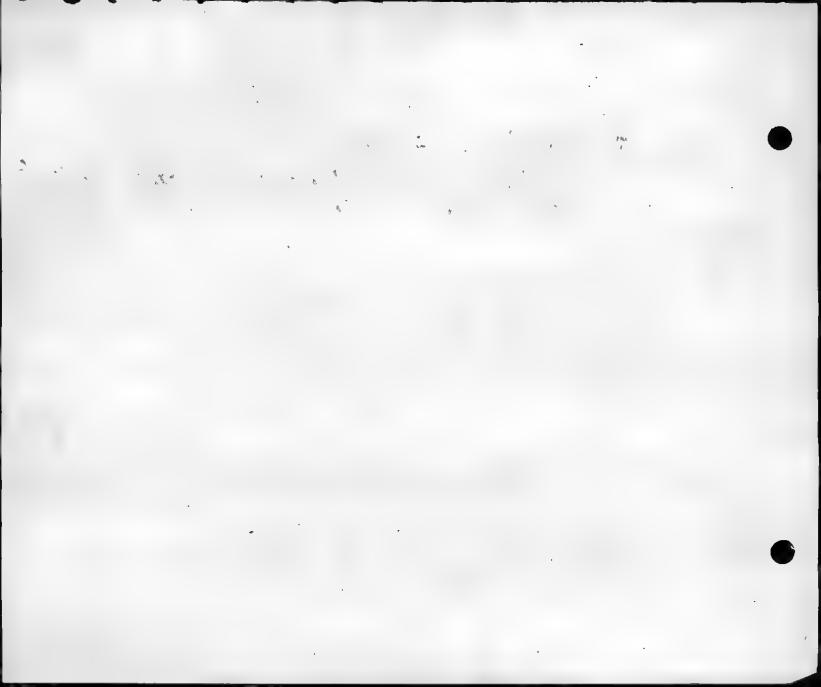
	1 N.	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	1 AND
	4 504	10541 CERTIFICATE OF DEATH	532
	after death. the funeral ges 1 and 2 after death.	1. PLACE OF OEATH a. COUNTY A. STATE MARYLAND 1. VISUAL RESIDENCE (Where dyceased lived, If Institution: Residence as STATE MARYLAND) MARYLAND	e before admission
	S 25 S	b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN ab C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ve nearest town
•	4 e e e	1110.11.	O. IS RESIDENCE ON A FARM? YES NO 1/2
	within pletery arbon it, with	3. NAME OF DECEASED (Type or print) Wary Quila Keury BEATH Quely 9	
	and com	5. SEX 6. COLOR OR RAYE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ARE (In years) IFUNDER 1 YEAR 1. MARRIED MONTHS Days	
		10a. USUAL OCCUPATION (Give Kind of workdone) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR COUNTRY (COUNTRY) 12. CITIZEN COUNTRY	DF WHAT
	certificate Iding phys Then ple removal, a	13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME 15. TO	1011
	aw requires that the death certificate be tending hysician. They been signed by the attending physician as the burial-transit permit. Then please prior to burial, cremation, or removal, and it	JAINES HOMAS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)	Mrl
	he dea y the a sit per mation,	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: INTERVAL DEATH WAS CAUSED BY:	ERVAL BETWEEN SET AND DEATH
	uires that the of mysician. I signed by the burial-transit pourial, cremati	HWMEDIASE GAUSE (3)	JAN C
	requires ding his been si the bur to bur	Conditions, If any, which gave rise to immediate cause (a), stating the OUE TO OUE TO	I-ARS
	= 8 8 S	C)	WAS AUTOPSY PERFORMED?
	AN: The pital or a rifficate of for use of Health	PARTII. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. CHARLES TO T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ES NO
	PHYSICIAN. The law required the hospital or attending in this certificate has been detached for use as the te Dept. of Health prior the	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County)	(State)
	Afte Afte Description	Hour a.m. p.m. 19 While at work Pactory, street, office bidg., etc.) 21. I certify that (1) this baspital ettended the deceased from 6-30, 1966 to 7-/9, 1966 the	hat((i))(we) las
	retain rector 3 shou	saw the deceased alive Dn 10 / 9 1960, and that death occurred at M, from the causes and on the dat 22a. SIGNATURE 12b. DATE SI	
	TAL OR may be tal older of filed v	22c. PHYSICIAN'S NAME (Type) RICHMED F. TYSON, M.D. 22d. ADDRESS NAME (Type) RICHMED F. TYSON, M.D. 365. AURORA St. EAST	1-66
	TO HOSPITAL OR ATTENING Page 4 may be retaine to FUNERAL DIRECTOR: director, page 3 should be filed with the	232 BURIAL, CRÉMATION. 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	5-5-2	TAIDOT ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	Md.
	VR A15 (4) 20M 1/65	James & Jashell Easter, and, DATE JUL 26 1966 Journey	Judge.
	3/		



1 (M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ()	
t-22 is	CERTIFICATE OF DEATH	
24 hours after death. Filled in by the funeral apers. Pages 1 and 2 no 72 hours after death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss a. STATE Maryland b. COUNTY Caroline	
ages saft	b. CITY DR TDWN (If outside corporate limits, c. LENGTH DF.STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)	
In the Property of the Propert	Castrell 2 Wr Rural Greensboro	
ang physician and completely filled Then please remove carbon papers removal, and in any event, within 72.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM YES NOTE	
completely filted in by the vecarbon papers. Pages 1 event, within 72 hours after	3. NAME DF DECEASED (Type or print) Harry (DIMPORTACLE MICHAEL) 4. DATE Mopth Day Year (Type or print) DeceaseD (Type or	
com eve	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (IN YEAR FUNDER 1 YEAR FUNDER 24)	
ease remove and in any ev	Male White WIDOWED DIVORCED Feb. 6, 1910 56 yrs. Months Days Hours M	
and in	10a. USUAL DCCUPATION (Give kind of work done lob. KIND DF BUSINESS DR during most of working life, even if retired) INDUSTRY 11. BIRT HPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY?	
	Laboror Maryland USA	
5	13. FATHER'S NAME	
5	Herman Hickman Sarah VanSant 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYND. 17. INFORMANT Address	
burial, cremation, or removal,	(Yes, no, or unknown) (If yes give war or dates of service) 218-09-7918 Myrtle Taylor Greensboro, Maryland	
transit pe	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: INTERVAL BETWEE ONSET AND DEAT	
CLE	IMMEDIATE CAUSE (a) Mess We Cerebrat	
	Conditions, If any, which) (because leage)	
	gave rise to Immediate	
	cause (a), stating the DUE TD underlying cause last.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP: PERFORMED YES NO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, ND TIFY MEDICAL EXAMINER)	
20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Hour a.m.		
21. I certify that (I) (this hospital) attended the deceased from		
	M.D. ATTENDING MED. STAFF 26 kely let	
}	22c. PHYSICIAN'S NAME (Type)	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	
8	Purial 7-30-66 Greensboro Greensboro Maryland	
0	24. FUNERAL DIRECTOR ADDRESS ADDRESS	
1	Clotin & Bouland Dicensoon my DATE AUG 1 1986 Charles Judge	



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10536 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived finstitution Residence before admission) o. COUNTY o. STATE b. COUNTY Talbox Page of deloy 15 death. Maruland MARY, AND e Department o b CITY OR TOWN (If outside corporate i mits c LENGTH OF STAY IN 16 iside corporate limits, write RURA, and give nearest town) puo P.M3 write RURAL and give nearest town) runai anton d NAME OF HOSP TAL OR INSTITUTION (of not in hospital, give street address) d STREET ADDRES e IS RES DENCE ON A FARM? farm Baileus Neck RFL in Item 18. Give Pages th the Stone YES NO X 24 hours ofter death Office olong with 3 NAME OF DATE Lost Year DECEASED 0F 1966 Jul (Type or print) nee DEATH SEX 6 COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS **NEVER MARRIEO** Son-birthdoy) × × Months Oovs Hours WIOOWEO **OIVORCEO** event 100 USUAL OCCUPATION (Give kind of work done 10b K NO OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12 CT ZEN OF WHAT duringmost of working life, even, if retired) CONTAINS INOUSTRY poges l executive Machine the certificate, writing the ward "pending" in penal in 4 should be forwarded to the Chief Medical Examiner's production be executed within 13. FATHER'S NAME 14. MOTHER'S MA OEN NAME isha Kirk puo Helen Tundel WAS DECEASED EVER IN U.S. ARMED FORCES? 6 SOCA, SECURITY NO 17 INFORMANT (Yes no, or unknown) (If yes give wor or dates of service removal no18 CAUSE OF DEATH (Enter only one couse per use for (o), (b) and (c),
PART I OFATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH oronary OC. Ь IMMEDIATE CAUSE (o) This certificate should cremation, DISF TO Conditions, if any, which gove (b) rise to immediate couse (a), OUE TO stoting the underlying couse D 0.5 19 WAS AUTOPSY PERFORMEO? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART ITOL CERTIFICATION NO 0 20b EXTERNAL CAUSE WAS prior 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port I of Item 18.) should PRIMARY I or CONTRIBUTING I MEDICAL EXAMINER: CAUSE OF OEATH Health or its designated agent, 20c TIME OF INJRY Month Doy Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Home form 20f (City or town) (County) (Stote) Hour o.m. While foctory, street, office bldg., etc.) moy be retained for yaur FINERAL DIRECTOR: Poge Poge ot work ot work 21 I certify that I taak charge of the remains described above, held an Autapsy ... Inspection 🔀, Inquiry and in my apinian the funerol director. death resulted fram. Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type Address (Street, city, town, or county) 230 BURIAL CREMATION 23d LOCAT ON (City or Town) 0 Woodlawn Memorial Park 24 FUNERAL DIRECTOR E. NEWNAM & SOV, Easton, Md. VR A15ME (5) 6M 1766



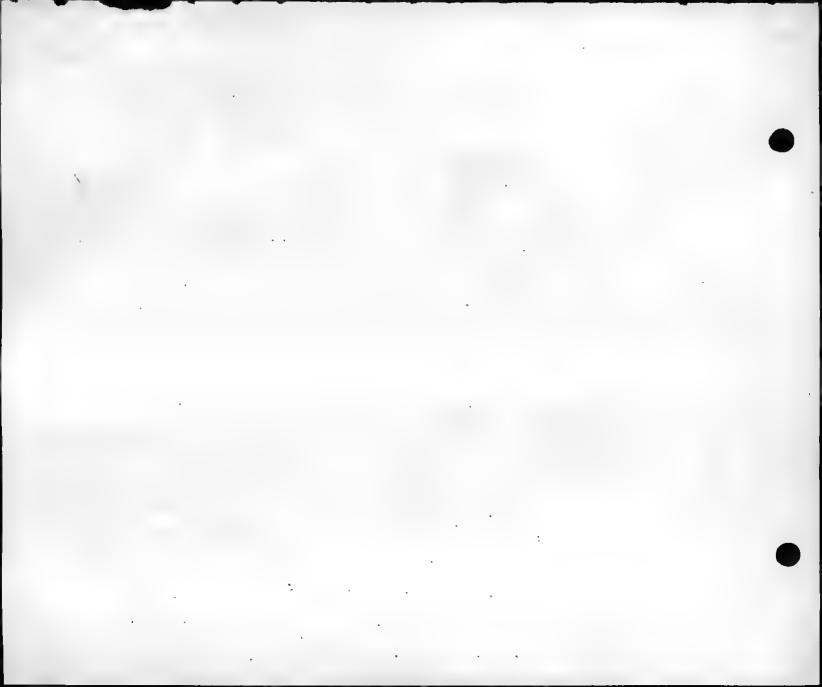
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10537 MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH o STATE b. COUNTY p. COUNTY Page deoth ote Deportment of MARYLAND delay b CITY DR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 odtside corporate limits, write RURAL and give neatest town) write RURAL and give nearest town) after OA e IS RESIDENCE ON A FARM? ADDRESS d NAME DE HOSP TAL OR INSTITUT DN (If not in hosp tol, give street address) d STREET form in pencil in tem 18. Give Pages 1, hours YES NO L 24 hours after death olong with NAME OF DATE Dov Year OF DECEASED idney DEATH 66 Tr. (Type or print) IF UNDER 1 YEAR SEX 6 (OLOR OR RACE AGE (In years 7 MARRED NEVER MARRIED birthdoy) Months Doys ost DIVORCED W DOWED Office C event lond 12 CITIZEN OF WHAT 100 US_AL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR COUNTRY 2 INDUSTRY during most of worjing life, even if retired) any e, writing the word "pending" in penal in forwarded to the Ch ef Medical Exominer's poges in any 13 FATHER'S NAME MOTHER'S MAIDEN NAME DECAL EXAMINER: This certificate should be executed with n <u>8</u> and Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECUR TY NO INFORMANT 36008, ar removal. (Yes, no, or unknown) '[(If yes give wor or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (0) (b) and (c)) burial-fronsit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) used as o burial-from burial, cremation, a DUE TD Conditions, if ony, which gove nse to immediate couse (o). DUE TO stating the underlying couse lost 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) please execute the certificate, NO pe its designoted agent, prior to 4 should be 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of item 1B) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20e PLACE OF NJURY (Home, form, (City or town) (County) (Stote) 20d N.JRY OCCURRED 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg, etc.) Hour o.m. While Not While 5 moy be retoined for your ro FUNERAL DIRECTOR: Page Poge 4 ot work 21. I certify that I took charge of the remains described obave, held an Autapsy and in my apinion Inspection Inquiry the funeral director Natural causes Accident Suicide Hamicide Undetermined manher death resulted fram: CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 6 **EXAMINER'S** RRISIN Health (510 Address (Street, city, town, or county) NAME (Type) LOCATION (City or Town) (Store) BURIAL, CREMATION DATE THEREOF 230 REMOVAL (Specify) 250 RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15ME (5) 1966 6M 1/66



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_ 10543 CERTIFICAT	E OF DEATH	10538
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
TALISC MARYLAND	A. STATE MARYLAND D. COUNTY QUEE	NANNE
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Easton 2 dA45	CHESTER	, , ,
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADORESS	e. IS RESIDENCE ON A FARM?
3. NAME OF FIRST Middle		YES NO X
3. NAME OF DECEASED (Type or print) Herbert /	Parting 4. DATE MORTH	Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER last birthday) Months	1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED OIVORCED	Oct. 23 - 1880 85 yrs. Months	Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done during most of working life, even it retired) CORPORATE SECRETARY		TIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	/ 5/7
PARKHURST MARTIN	ELLEN HUBER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	11
YES SPANISH 1084-01-3565 MA	RS. MARGARET MARTIN : L'HESTE	R/D.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND GEATH
PART I. DEATH WAS CAUSED BY: (OFT VU/5/0)	75	
conditions, if any, which) Due to Cerebellas	· Inforct-lett	
gave rise to immediate cause (a), stating the	1 . 1 / 20 / 10	
underlying cause tast. (c) $4/7/33 - 36$	4 26129 1/61202X12962	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT REL 202 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO? YES NO
202 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part 1 or Part II of Item 18.)	
in the state of th	ACE OF INJURY (Home, farm, 20f. (City or town) (Cour ory, street, office bldg., etc.)	nty) (State)
Hour a.m. While not While at work at work		
21. I certify that (I) (this hospital attended the deceased from	111	, that (I) (we) last
saw the deceased alive on 2	it death occurred at AM, from the causes and on the	ne date stated above.
220, Statistion College M.	ATTENOING MEO. STAFF	July 1966
22c. PHYSICIAN'S F. C. H. Schmidt	22d. ADDRESS	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
CREMATION JULY 14 DILVERBROO	K WILMINGTON	Deli
24 FUMERAL OIRECTOR CALL APPRESS APPRE	10	SIGNATURE
agard dane much fell	McCJOATE JUL 13 1966 Jolian	res Judge



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removed and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

PLACE DE DEATH

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY
	b. CITY DR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town) EASTO (STAYS	HILLSBURD.
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
_	MEMORIAL HOSPITAL	YES NO W
3.	OFFICE OF PRINTS THOUSENEE E. M.	Last . 4. DATE Month Dey Year OF 1966
5.	6. COLOR DR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORE	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Isst birthday) Months Days Hours Min.
1Da dur	ia. USUAL OCCUPATION (Cive kind of workdone 10b. KIND DF BUSINESS OR INTERPRETATION (Cive kin	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY?
13.	Villied House Trock	14. MOTHER'S MAIDEN NAME
1	alexander Birch	Harsh Chacker L. Fraced
15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (es, no, of Unkown) (If yes give war or dates of service)	INFORMANT
	The Market Miles	in Pagebet & Calor Heliters has
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY:	by F Pt ken hlesse ONSET AND DEATH
	DUE TO	s rags
П	Conditions, if any, which \	
	gave rise to immediate cause (a), stating the DUE TO	
× 1	underlying cause last. (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
CATI	Pleraire Caustative lea	PERFORMED? YES NO MY
CERTIFICATION		IRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
П	22. I defaily that to this hospital attended the deceased hom	lee , 19 55, to 13 pace, 1966, that (1) (we) last
	saw the deceased alive on 1944, and that	death occurred at 42.M, from the causes and on the date stated above.
Н	Musten Harrisan M.D.	ATTENDING MED. STAFF
	22c. PHYSICIAN'S NAME (Type) 1 HORSTON HARRISON	Cartan Wary land
23a	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
24.	4. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE
1/	the text of the Man	DATE JUL 19 1966 Plante Oute

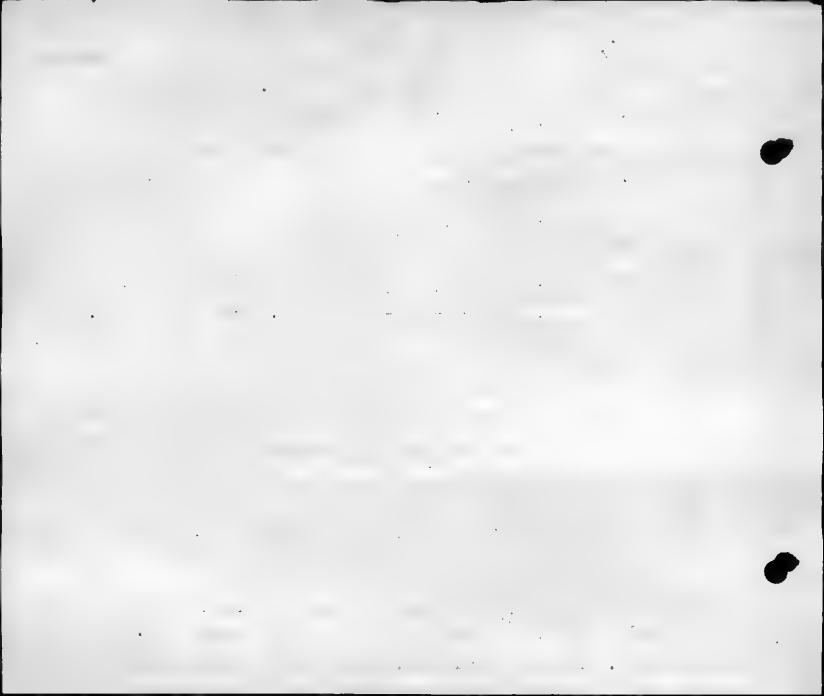


death. Page 14 be retained by the hospital or attending physicians.

TO FUNEK DIRECTOR. After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit perfut. Then please remove carbon papers ages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or health and in any event, within 72 hears after death. VR A1S (4) 15M 7 61

1	DIVISION OF STATISTICAL RESI	CEDTIEICAT	TE OF DEAT		ORE I, MARTLAND
	10040	CERTIFICA	E OF DEAT		145.41
	1. PLACE OF DEATH o. COUNTY			ICE (Where deceased lived, If	
1	Talbot	MARYLAND	e. STATE	Id.	Talbot
	b. CITY OR TOWN (if outs de corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, writ	RURAL and give neares town)
1	write RURAL end give nearest town) Easton	life	Easton		
1	d NAME OF HOSPITAL OR INSTITUTION (If not in he	ospital, give street address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
١	636 Dover Road		636 I	over Road	YES NO T
1	3. NAME OF First	Middle	Last	4. DATE Mont	Day Yeer
1	(Type or print) Ruth Beckley	Morgan		OF DEATH 7	/31/66 19
ı	5. SEX 6. COLOR OR RACE 7. MARRI		. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
-	F W , WIDOW		5/30/1898	last birthday) 68 yrs.	Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work 1Db.	KIND OF BUSINESS OR INDUSTR	15 1 1	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
1	done during most of working l'fe, even if retired) NOUSEWIFE		Talbot		USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	I NAME	, ACO
1	Al Carroll		Eliza C	riffith	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. 1		Address	
	(If yes give we ror detes of service)	20-44-5805-B	Arthur J	. Morgan Eas	ston. Md.
	IB CAUSE OF DEATH [Enter only one cause per		AT OHAT D	• Morean ray	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6)	cute Mys a	andial I	6 Par ctio	ONSET AND DEATH
	1 d-C1 DUE TO				
	Conditions, if eny, which (b)	•			1
1	gave rise to immediate cause				
-	(c)				
	alian all alian	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GI	PART I(6) 19. WAS AUTOPSY
	PART I. OTHER SIGNIFICANT CONDITIONS CO				PERFORMED?
	E 204 ACC DENT WAS UNDERLYING 1 200 DE	SCR BE HOW INJURY OCCURED	(Enter neture of injury in	Pert I or Pert II of item 18.)	
	OR CONTRIBUTING (1) CAUSE OF DEATH				
	3 2Dc. TIME OF INJURY Month, Day, Year 2Dd		CE OF INJURY (Home, fer		(County) (Stelle)
	ZDc. TIME OF INJURY Month, Day, Year 2Dd Hour e.m. Whi	THE THOU WY THE THE	ory, street, office bldg., et	c.)	
	21. I certify that (I) (this hosp'tal) atte	nded the deceased from		19 to	, 19, that (I) (we) la
	saw the deceased alive on		-	T)	
	22a. SIGNATURE				22b. DATE
	Michael	10	D. PHYS.	MED. STAFF PHYS. V	8.1.66 SIGNE
	22c. PHYSICIAN'S	1	22d. ADDRESS		.4. 4
	NAME (Type) S. RRECT	t,JR.		THIS TON,	Med.
	238. BURIAL, CREMATION, 236 DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (Stete)
	Burial 8/3/66	Spring Hil	1	Easton.	Md. Talbot
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
A	The Jay D. Heverin Fun	eral Home. E	aston DATE	AUG 4 1966 _	Minley Judge

MARYLAND STATE DEPARTMENT OF HEALTH

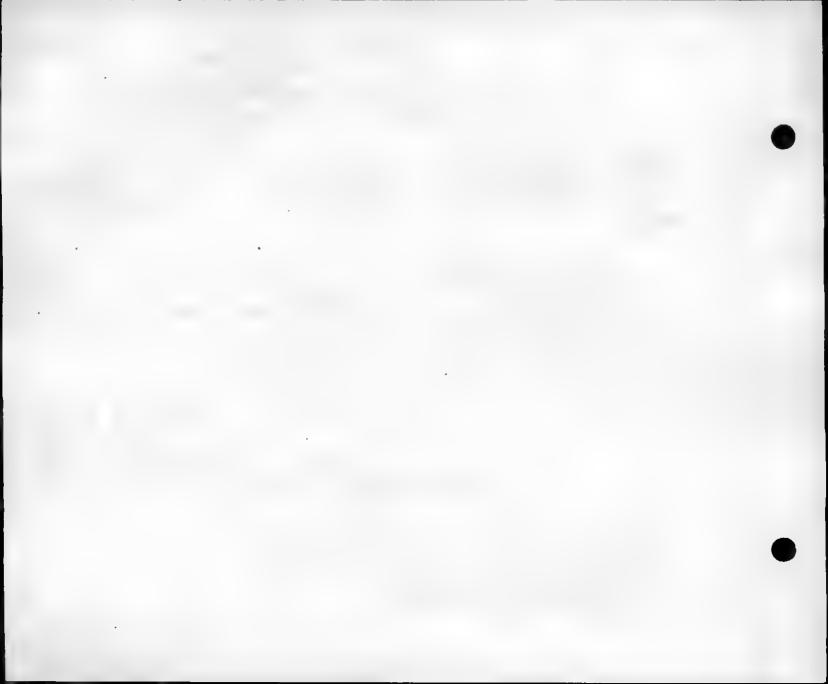


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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

19542

ħ.		OEK III IOATI	OI DEATH		1 102
ľ	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where dec		sidence before admission)
l	a. COUNTY Talbot	MARYLAND	a. STATE Maryland	b. COUNTY Ke	nt
ŀ	 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corp	orate limits, write RURAL a	and give nearest town)
l	St. Michaels	2½ years	Kennedyv	ille	/ -
ľ	d. NAME OF HOSPITAL OR INSTITUTION (If not in he		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Rio Vista Nursing Home	•			YES ND D
I	3. NAME DF First DECEASED (Type or print) Editional But	rke Penni	Last 4. DATE OF DEATH	July 27.	Day Year 19 66
ŀ			B. DATE OF BIRTH 9.		
l	Male White WIDOWED	THE TEN MARKETED A	Nov. 8, 1874		Days Hours Min.
ľ	1Da. USUAL OCCUPATION (Give kind of work done 1Db. K during most of working life, even if retired)	IND OF BUSINESS OR	11. BIRTHPLACE (County & State,	or foreign country) 12. Cl	TIZEN OF WHAT UNTRY?
ı		riculture	Kent Co., Mar	yland U.S	.A.
ľ	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
ı	Edmund B. Per	nnington	Mary Tucke	r	
ĺ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) (1f yes give war or dates of service)	SOCIAL SECURITYNO. 17.	INFORMANT	Address	Md.
ı	No	El:	izabeth Penning	ton, St. Mi	chaels.
ľ	18. CAUSE OF DEATH [Enter only one cause per i	ine for (a) (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
١	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	elexia			workly
ı	334X DUE TO JA	()	Se		
١	Conditions, if any, which	notellio	le cerebro	1	- ' (
ı	gave rise to immediate (4	D		
	underlying cause last. (c)	ratio (10)	ua,		
ı	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CON	DITIONGIVEN INPART 1(a)	19. WAS AUTOPSY PERFORMED?
	5 sourced so	saile Cls	ander.		YES NOVE
	S OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCU	PRRED. (Enter pature of Injury in Pa	rt I or Part II of Item 18.	
ı		White compare los. Six	OF OF INDICATION Same 1 ORS	(City or town) (Cou	nty) (State)
ı	ZDc. TIME OF INJURY Month, Day, Year 2Dd. I Hour a.m. While p.m. 19 at wor	facto	CE OF INJURY (Home, farm, 2Df. (ry, street, office bldg., etc.)	(City or town) (Cou	iity) (State)
ı	p.m. 19 at wor				<i></i>
ı	21. I certify that (I) (this hospital) attend	led the deceased from	4 6 5 19 to		, that (I) (we) last
	saw the deceased alive on 2 4	1826,, and that	death occurre at 39/4M, fro	om the causes and on th	ne date stated above. Ate signed
	228- SIGNATURE	8 X/1	ATTENDING MED.	STAFF - 2-2	2 SIGNED
	200 00000000000000000000000000000000000	M.D	DIRECTOR L	PHYS. LIV	2 4 6
	LAME (TYPE) NI Reet	22 8	Amuel	all Vice	d'
	238. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY 23d. LC	CATION (City, town or cou	inty) (State)
	Burial 7-29-66	Shrewsbury	Cemetery Ken	medyville,	Md.
	24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGIS	STRAR 25b. REGISTRAR	S SIGNATURE
)	Victor M. Termedel	Still Pond	, Md. DATE JUL 29	1966 Julian	The state of the s

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5 CERTIFICATE OF DEATH Boum aftmr demth. fuger. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARY! AND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b Page been signed by the attending physician and completely filled in by the burial-transit permit. Then please remove carbon papers. Pag in to burial, cremation, or removel, and in any event, within 72 hours Chester Ston d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO within NAME OF Middle DATE Month Day Year Last DECEASED DE (Type or print) erce DEATH 1966 JUL exmonted 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR FUNDER 24 HRS. 8. . MARRIED NEVER MARRIED last birthday) | Months | Days Hours earo WIDOWED DIVORCED [12. CITIZEN OF WHAT 10a. USUAL DCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRT HPLACE (County & State, or foreign country) The law requires that the deats sertificate ba COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cassie Smith Jane Cynthia Pierce 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) [(If yes give war or dates of service) Miss Jane C. Pierce (Mother) Chester, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: physician. IMMEDIATE CAUSE (a) DUE TO Cenditions. If any, which (b) gave rise to immediate as the b DUE TO cause (a), stating underlying cause last. has as (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WAS AUTOPSY for use Health p TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate PERFORMED? hospital or YES NO X PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached this MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) STOR: After the should be delith the State [factory, street, office bldg., etc.) Hour a.m. While Not While at work at work n.mPage 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the \$ retained JULY 5 JULY 19 66 to 21. I certify that (I) (this hospital) attended the deceased from. 19.66 that (I) (we) last JULY 19 66, and that death occurred at saw the deceased alive on. QM. from the causes and on the date stated above. 22a. STONATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. MOTITAL PHYSICIAN'S John A. East on Hawkinson 7/8/66 Maryland 5/9/66 THEREOF BURTAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Memorial Hospital Incettervatusemy) Easton, Maryland 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Memorial Hospital Easton, Maryland DATE



21	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	201
FOR STATE	16551 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	14544
HEALTH DEPT.	o COUNTY TATO TO MARYLAND 2 USUAL RESIDENCE (Where deceased lived if institution Residence of STATE WARVE AND TO STATE	ce before admission)
Any delay is 2, and 3 to PM3. Rage portment of affer death	b (ITY OR TOWN It autside carparate limits, write RURAL and give medies towards and account of the composite limits, write RURAL and give represent towards and account of the composite limits, write RURAL and give represent towards and account of the composite limits, write RURAL and give represent towards and the composite limits, write RURAL and give represent towards and the composite limits, write RURAL and give represent towards and the composite limits, write RURAL and give represent towards and the composite limits are composite limits.	negrest town) 3
If Set 1, form form be De	d NAME OF HÖSPITAL OR HISTITUT ON (If not in haspital, give street address) d STREET ADDRESS	ON A FARM? YES NO V
e Po with	3 NAME OF DECEASED (Type or print) CURTIS GIENN RAIKES DEATH Month	24 1966
\$ 8 5 X	SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED 1 8 DATE OF BIRTH 9 AGE (In years lost buthday) Months Months	Days Haurs Min
24 hou n Item 's Offic s land		LINTRY 2
in pod a	T. IGHMAN BROOKS GIANYS THOMASK.	AIKES)
70	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. grunknown) [If yes give war ar dates af service] NONE NOW STATETOLICE EAS 10	NI Fild
id be execute rd 'pending' Chief Medical fransit permit. 9, or removal,	1B. CAUSE OF DEATH (Enter any one cause per line for (a), (b), ond (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) LECTURE OF DEATH (Enter any one cause per line for (a), (b), ond (c))	INTERVAL BETWEEN ONSET AND DEATH
word word the Cl trial-tr	Canditions, if any, which gave) (b)	
G 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	rise to immediate cause (a), stating the underlying cause (c) last (c)	
v 0	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED? YES NO
Certificate certificate nould be fess. should be for the prior to the fess.	2DO EXTERNAL CAUSE WAS 2DO EXTERNAL CAUSE WAS PRIMARY Or CONTR BUT NO CAUSE OF DEATH WADING IN DEEN MATER ** WADING IN DEEN MATER **	
cer	A SO AMAGE BUILDING A COLUMN OCCUPANT TO A STATE OF THE HOLD AND A STATE OF TH	entuil (Cantal

Health or its designoted agen MEDIC

20c T ME OF INJURY Month, Doy, Year Hour a.m.

20d INJURY OCCURRED
While Not While ot work

20e PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.) 2Dt

(City or fown) (County)

(State)

ond in my opinion

21. I certify that I took charge of the remains described above, held on Autopsy depth resulted from:

Accident X Notural couses

Suicide Homicide CHIEF MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER

Undetermined manner

Inquiry

22. DATE SIGNED

ACTUAL SIGNATURE EXAMINER'S NAME (Type)

NAME OF CEMETERY OR CREMATORY

DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)

7-76-46

the funeral director Page 4 sh 5 may be retained for your f. TO FUNERAL DIRECTOR: Page 3

DIRECTOR

CREMATION.

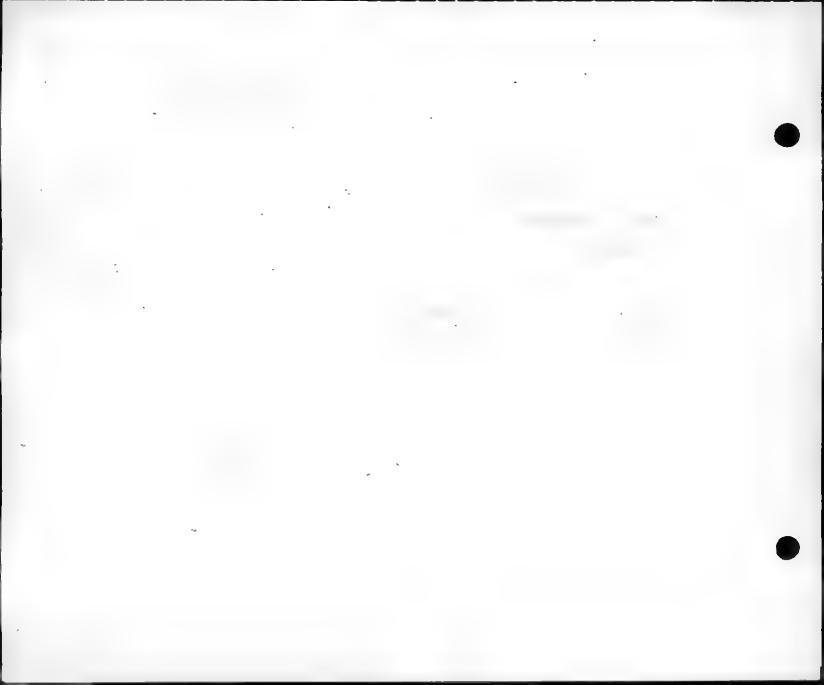
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Inspection 🔀

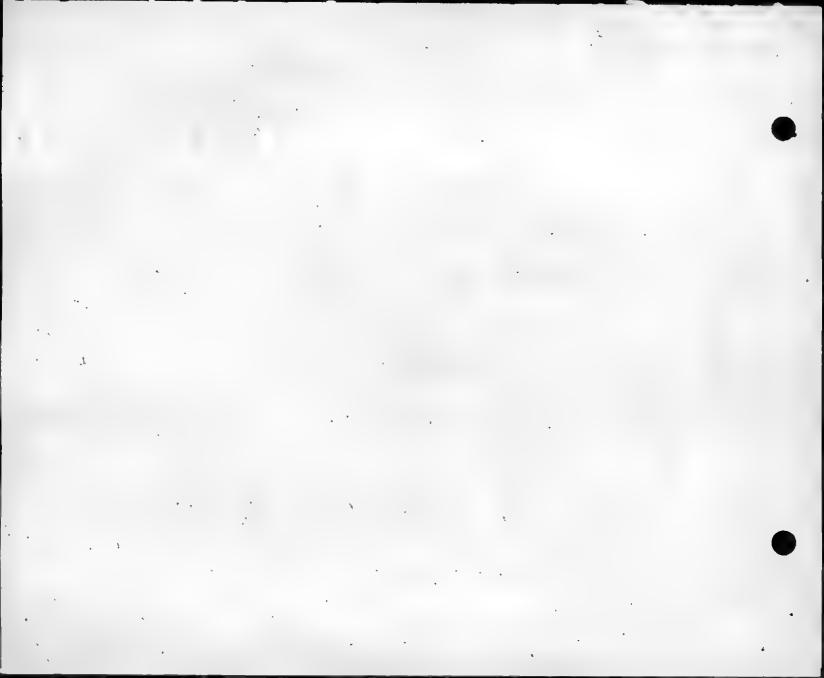
.OCATION_(City or Town)

VR A15ME (5) 6M 1/66

TO BEFULY MEDICAL EXAMIN necessary, pleass execute the



1/,, ,,	ΜΑΡΥΙ ΑΝΠ	
· LIVI	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, CERTIFICATE OF DEATH	10545
24 hours after death, filted in by the funeral apers. Pages 1 and a 72 hours after death.	1. PLACE OF DEATH a. COUNTY TALBOT MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: a. SMAPRYLAND b. COUNTY Q	Residence before admission) UEEN ANNE
in by the s. Pages 1 hours after	b. CITY OR TOWN (if outside corporate limits, write RURA and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURA CNETREVILLE	(L and give nearest town)
0.4	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) HOUSE IN THE PINES EASTON d. STREET ADDRESS ROUTE # 3 BOX 95	9. IS RESIDENCE ON A FARM? YES ON NO
e be executed within 24 h sician and completely filled lease remove carbon papers and in any event, within 72	3. NAME OF First Middle SHEUBROOKS 4. DATE Month OF	29 Year 66
executer and con remove	M WIDOWED DIVORCED 12/11/1880 last birthday) Months	
cate be e physician n please r val, and in	Let wind Farmer? INDUSTRY Wilmington Delaware	CITIZEN OF WHAT
ing The	13. FATHER'S NAME WILLIAM Thomas Sheubrooks SARAL AMANDA HUNTER	
a attendi on, or re	15. WAS DECEASED EVER'IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, not or unknown) (If yes give war or dates of service) 217-36-1429 J.C.Arz (For Shorub Rocks) Extraction	la Md
t the one of the one o	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Car cin ma + 3200	INTERVAL BETWEEN ONSET AND DEATH
w requires that the cath citements by the attendance by the attendance the burial-transit permit.	Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO Charity TO DUE TO (b) Charity TO DUE TO	Zyns
空手 毛 **	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUZNOZ RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16	19. WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: The the hospital or a this certificate detached for use Dept. of Health	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 1 (IF EITHER, NOTIFY MEDICAL EXAMINER)	8.)
	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (C factory, street, office bidg., etc.) But a.m. While at work at work 19 at work	ounty) (State)
	saw the deceased alive on 1900, and that death occurred at 20M, from the causes and on	
AL OR A' OR A' OR A' OR A' OR EC Dage 3 grage 3 filed will	M.D. ATTENDING MED. STAFF PHYS. T	DATE SIGNED
PIT 4 TERA	122c. PHYSICIAN'S S. KRECH IR - 22d. ADDRESS EASTON, M.	
TO HOS Page TO FUN direct should	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Jown of Chips of Committee of Committe	Anaphrod _
VR AL5 (4)	FUNERAL DIRECTOR 250. REGISTRAR 250.	ar's signature
		1 47



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 27201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) p. COUNTY Page ō death. ate Deportment C LENGTH OF STAY IN 16 d NAME OF HOSPITAL OR INSTITUTION (If not in hosp to, give street agaress) d STREET ADDRESS form HOURS 24 hours ofter death Office olong with 3 NAME OF 4 DATE DECEASED **OF** the (Type or pnnt) DEATH IF UNDER I YEAR 7 MARRIED AGE (In years lost buthday) Months event 12 CITIZEN OF WHAT during most of working a ΛUO pencil ⊑ FIE (Yes no ar unknown) (If yes a ve war or dates of service) removal, 18. CAUSE OF DEATH (Enter only one couse per PART I DEATH WAS CAUSED BY Ö burial, cremation, DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) agent, prior to should be 200 EXTERNAL CAUSE WAS .20b DESCRIBE HOW INJURY OCCURRED (Enter noture of in ury in Port or Port 1 of item 18.) PRIMARY Contributing C CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year ((ounty)

21. I certify that I took charge of the remains described above, held an Autopsy.

Accident 💢

Undetermined manner

and in my apinian

ONSET AND DEATH

WAS AUTOPS PERFORMED? NO

ON A FARM?

death resulted fram; **ACTUAL** SIGNATURE

Natural causes

Suicide

CHIEF MEDICAL EXAMINER

22. DATE SIGNED

EXAMINER'S

23d LOCATION (City or Town)

Ham cide

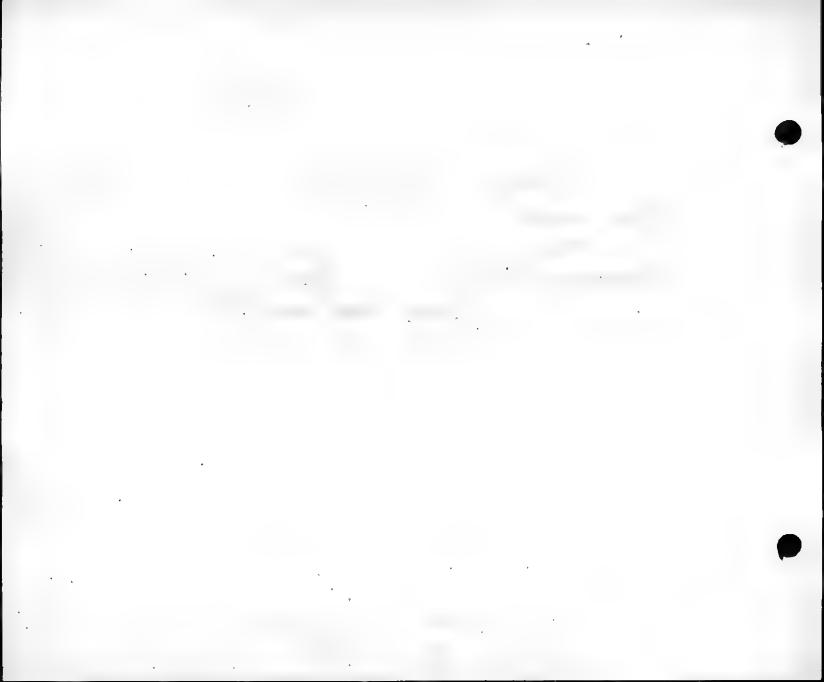
VR A15ME (5)

Heolth or

moy be retoined for your FUNERAL DIRECTOR: Page

the funeral director

Address (Street, city, town, or county)



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10554

1. PLACE OF DEATH				NCE (Where deceased live		ence before admission)
Talbot		MARYLAND	a. STATE Mary	yland "'	Tal	bot
b. CITY OR TOWN (l outside corporate limits,	c LENGTH OF STAY IN 16		(If outside corporate limits,	write RURAL and giv	e nearest town?
Rural Core	giva nearest town)	30	Rural Co	ordova		
	AL OR INSTITUTION (if not in	hospria , g ve street address)	d STREET ADDRES			. IS RESIDENCE
RFD						YES X NO
3. NAME OF	First	Middle	Lasi	4. DATE	Month Da	
DECEASED (Typa or print)	Darmand	Ť	Money or	OF DEATH	mina 167	10
5, SEX	Raymond		Lapper	9. AGE (in	7123/00	19 R I IF UNDER 24 HR5
J. JEX		NAMED INCYCK MARKED		last birth	day) Months Days	
m		DWED DIVORCED	11/20/188	E		1
dona during most of wo	ON (G.ve kind of work 10 rking life, even if refired)	b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Co	unty & State, or foreign cou	intry) 12, CHIZEN	OF WHAT COUNTRY?
farme:	r		Pa.		US	A
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME		
William	n E.		Mary La	awence		
15. WAS DECEASED EVE	ER IN U.S. ARMED FORCES? fyesgivawerordatesofservice)	16. SOCIAL SECURITY NO. 17. 1	NFORMANT		ddress	
no	, , g , , a , a , a , a , a , a , a , a , a	none	Mrs. Loui	ise F. Tapp	er Cordo	va. Md.
IB. CAUSE OF D	EATH [Entar only one cause		VD /	~ ,	11	NTERVAL BETWEEN
	H WAS CAUSED BY, IMMEDIATE CAUSE (a)	Caronan	The ran 60	tro		DASET AND DE JAH
	DUE YO			1		
Conditions, if any		Conmaks.	antowy.	disea.	K	Bresal 7c
gave risa to immedi	ata cause	0-100				
(a), stelling the us			/			
	SIGNIFICANT CONDIT ONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE YERA	MINAL DISEASE CONDITIO	N GIVEN IN PART 1(a)	19. WAS AUTOPSY
[P]	SIGNIFICATIVE CONDITIONS	COMMISSION TO DEATH BOT MC	T RELATED TO THE TERM	MAL DISTASE CONSTITUTION	GITCH BATTART NO	PERFORMED?
2	A LANGE TO LOOK	DESCRIPTION OF SCHOOL	45.1	. Po All Portulation In		YES NO
OR CONTRIBUTING	AS UNDERLYING [] 20b. [] CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	, (Enter neture of Injury I	n Fart or Pert II of Tem)p	.]	
20c. TIME OF INJU				arm, 20f. (City or town)	(County)	(Stete)
Hour e.m.		While Not While Tech	ory street, office bldg., e	100		,
21	hat (I) (this hasnital), as	ttended the deceased from	W	10 th Wart	23 66	that (I) (we) last
	ed alive on	19 7, and that	6 6	201 1	coc and on the	* / / / /
saw the deceas	ed alive oil	K	Death Decored #15	A WITH THE COL		22b DATE
KI	1x 6611	111-	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.		SIGNED
22c. PHYSICIANYS			22d, ADDRESS	JINEOTON B IIII S.		1100
NAME RYDE	KL TED	ERER	QUE	EN A	VNE	190
	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d, LOCATION (Cit	ly, fown or county)	(Stefe)
Burial Burial	7/27/66	Spring Hil	1	Easton	. Md.	
24 FUNERAL D RECTOR	'S SIGNATURE	ADDRESS	25s. R	REC'D BY REGISTRAR 256		ATURE ()
The Jav D.	Heverin Fu	neral Home E	aston. Ma	JUL 28 19	ob fician	the Judge
		TOTAL TOMO TO	13 11 CTT - 13 14 CT			

nplete ed in by the funeral papers. Tages 1 and 2 should n V2 hours after death. thin 24 hours after The farm muires that the death mrtificate be executed TO HOSPITAL. AR ATTENDING PENSICIAN: The last requires that the death sertificate be executed death. Page 19 be retained by the hospital or attending physician.

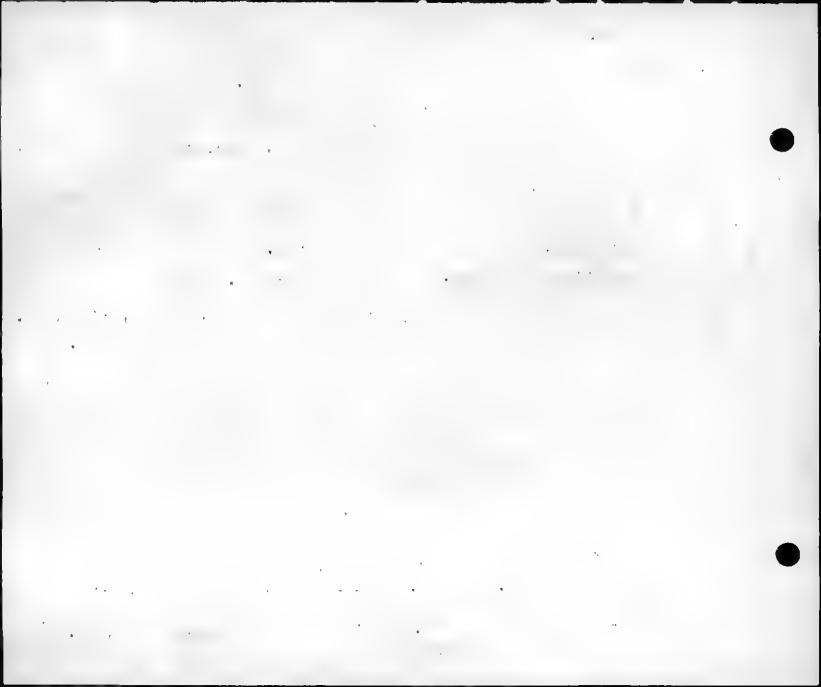
TO FUNERA. IRECTOR. After this centificate has been signed by the stending shysician set complete director, page 3 should be detached for use as the burial-transit permit. Then please remove cefbon papers be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 the within VR A1S (4) 15M 7/61

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove, carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO NOTITIAL BE ATTENDING PHYSICIAN: The lam remaines that the meath muth cate on exempted within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND TO SOS

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Md. b. COUNTY Talbot
	IO 1007 MARYLAND	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
	Easton 18 days	2,0-7
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE ON A FARM?
	Memorial Hospital	133 S. Washington YES NOTE
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print)	HOMPSON DEATH / 7 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	M WIDOWED DIVORCED	10/17/16 250 Months Days Hours Min.
102	I. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BERTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
uui	watch maker	Md. IISA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Otho Linwood Thompson	Eunice B. Blades
15		INFORMANT Address
(Yo	es, no, or unkown) (It yes give war or dates of service)	
_		Inez Chappell Thompson, Easton, Md.
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	O A INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	V re clum 2 yr
	15 4 X DUE TO	
	Cenditions, If any, which } (b)	
	gave rise to immediate (
	cause (a), stating the DUETO underlying cause last. (c)	
ő	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
AT		PERFORMER? YES NO 1
E	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU	RRED, (Enter nature of injury in Part I or Part II of Item 18.)
CERT	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ARCD, (citter nature of injury in Part 1 of Part II of Item 10.)
Ä	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Wille - Not while -	ry, street, office bldg., etc.)
Ē	p.m. 19 at work at work	
	21. I certify that (I) (this hospital) attended the deceased from	, 19, to, 19, that (I) (we) last
		death occurred at
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
	(ATTO U. C. M.O	. PHYS. DIRECTOR PHYS. 17/7/66
	22c. PHYSICIAN'S NAME (Type) Arthur B. Cecil Jr	22d. ADDRESS
		T ROOTAN Masser and 7/766
	NAME (Type) Arthur B. Cecil Jr. M.D.	Easton, Maryland 7/766
23a		
2 3 a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
23a	Burial Cremation, 23b. Date thereof 23c. NAME OF CEMETERY REMOVAL (Specify) Burial 7/10/66 St. Mary's	
	Burial Cremation, 23b. Date thereof 23c. NAME OF CEMETERY REMOVAL (Specify) Burial 7/10/66 St. Mary's	OR CREMATORY 23d. LOCATION (City, town or county) (State)



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VR #15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, 1f institution: Residence before admission)
TA/bot MARYLAND	a. STATE Queen Anne
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
EASTON (o caus	Grasonville
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 8. IS RESIDENCE ON A FARM2.
MEMORIAL HospitAl	YES NOT
NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) 5. SEX (S., COLOR OR RACE 17 MADDIED TAL NEVED MADDIED TAL	70/50 DEATH Valy 4 1966 8. DATE OF BIRTH 19. AGE (In years PIFUNDER 1 YEAR HFUNDER 24 HRS.
temale White The MARKIED IN MEYER MARKIED	June 1, 1915 Jast birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT GOUNTRY2
Housewife	Baltimore, Maryland USA
13. FATHER'S NAME M D 1	1 14 MOTHER'S MAIDEN NAME
James M. Beecher	Catherine Reed
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17 (Yes, no, or unknown) (If yes give war or dates of service) 110-	INFORMANT, Address
(163, 160, 60 disamily (11 yes give mai br thates of service)	n. Herbert Tolson-Grasonville, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	onset and DEATH
1/0 X DUE TO	
Conditions, if any, which \ (1)	a altale
gave rise to immediate cause (a), stating the DUE 10	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICA	YES NO A
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANT OF CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DRRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While facto	ry, street, office bldg., etc.)
	26/20 12 17/1/ 12 17/1/ 10/1
21. I certify that (I) (this hospital) attended the deceased from	t death occurred at 4 M, from the causes and on the date stated above.
saw the deceased alive on -14/4 4 1966, and that	t death occurred at wm, from the causes and on the date stated above.
1 11. M. 1 1/2/21 11 0	ATTENDING TE MED. STAFF TITLE A 1066
28c/PHYSICIAN'S M.C	DIRECTOR PHYS. DIRECTOR PHYS. 1700
NAME (Type) H. Walsh, M.D.	Easton, Md.
23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS	
Premoval (Specify)	hunchyard Queenstown, Maryland
24 FUNERAL DIRECTOR	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Casa J. Lang. Church Hill M	not parelly 7 1966 Acharles Judge
The fact of the state of the st	

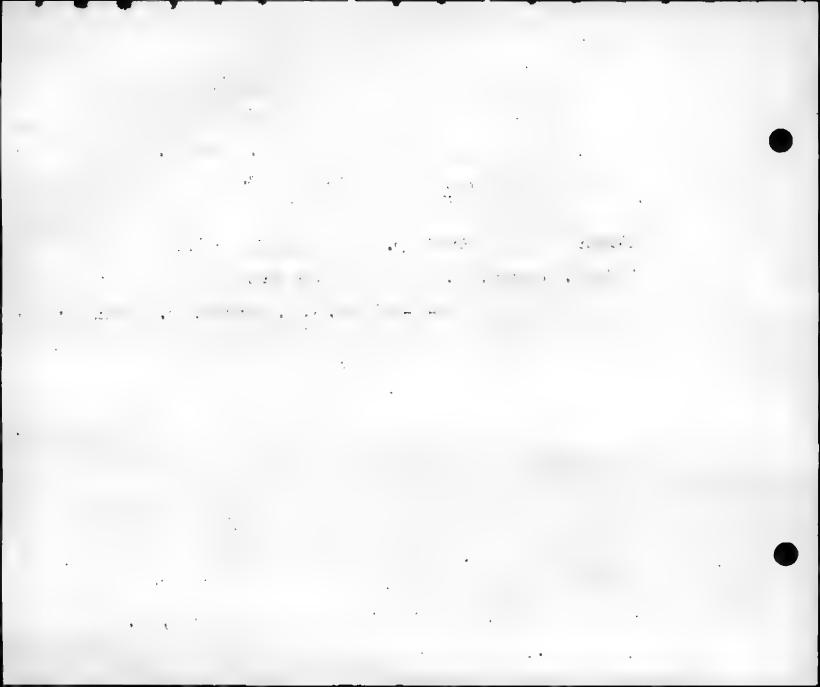


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VR ALS (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	16557 CERTIFICAT	E OF DEATH
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	Tall bat Maryland	a. STATE Maruland b. COUNTY Talbot
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)
	Easton how	Easton
'	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
_	Mc Mov. el	415 S. Hanson St. YES NO S
3.	NAME OF DECEASED (Type or print)	Last 4. DATE Month Day Year DF DF DF DEATH 7 . 14 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.
_	male white WIDOWED DIVORCED	2/15/1899 67 yrs. Months Days Hours Min.
10	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT GOUNTRY?
	Salesman Biscuit (o.	Talbot Maruland
1.		14. MOTHER'S MAIDEN NAME
	William T. Townsend, Sr.	Ida Starkey
0	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. fes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
	no 213-05-6258 Mr	A. W. T. Townsend In Easton Md.
-	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	O INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY:) HOUTE IN YO CALL	dial refaction 2 his
	4201 DUE TO 1	
	Conditions, if any, which (b) Olohary	heroschersis
	gave rise to immediate cause (a), stating the DUE TO	
1_	underlying cause tast. (c)	
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CA		YES MO
CERTIFICATION	20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	pry, street, office bldg., etc.)
2	OT I needfor that (1) (this brought) (blanded the december from	1955 to 119 Othat (I) (we) last
	saw the deceased alive on 19 Sand that	t death occurred at 11 M from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE SIGNED
	She cul 1 M.C	D. ATTENDING MED. DIRECTOR PHYS. 7 15/66
	22c. PHYSICIAN'S S. Krech Sr.	22d. ADDRESS Easter, Mil
23	Ba. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)	Y OR CREMATORY 23d. LOCATION (City, fown or county) (State)
	Benedicity 7/18/1966 Spring Hill	Easton, Md.
2	4. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1)	Neura E. Dewmans J tastoo,	Md. DATE JUL 19 1966 worley Judge
1=		



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND.
# 50°	10558 CERTIFICATE OF DEATH
hours after death d in by the funeral rs. Pages 1 And. 2 hours after Geath	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY b. COUNTY a. STATE A
rs after by the Pages J	b. CITY DR TOWN (if outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)
ours and in by Page hours	Fast New Market
filled name of 124 h	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 8. IS RESIDENCE ON A FARM?
thin tely to on p	3. NAME OF First Middle Last 4. DATE Month Day Year
f wit nplet carb ent, v	OF OF OTP OF PRINT ANTHONY WANFY DEATH 7 14 19 66
The law requires that the death certificate be executed within 24 hours after or attending physician. Care has been signed by the attending physician and completely filled in by the fruse as the burial-transit permit. Then phase remove carbon papers. Pages 1 sealth prior to burial, cremation, or removal; and in any event, within 72 hours after	5. SEX 6. COLOR DR RÂCE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IN UNDER 24 HRS. last birthday) Months Days Hours Min.
e ex	102. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR during most of working life, eyen if retired) 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. DITIZEN OF WHAT COUNTRY 27 11. BIRTHPLACE (County & State, or foreign country) 12. DITIZEN OF WHAT COUNTRY 27 11. BIRTHPLACE (County & State, or foreign country) 12. DITIZEN OF WHAT COUNTRY 27 13. BIRTHPLACE (County & State, or foreign country) 14. BIRTHPLACE (County & State, or foreign country) 15. DITIZEN OF WHAT COUNTRY 27 15. DITIZEN
ate bo	In FATHER'S NAME Harper Bateman Co. War / and M.S. H
ndiring pr	Joseph Wanex Sr. Antoinette Mitchell
attendi rmit. n, or re	15. WAS DECEASED EVER IN D.S. ARMED FORCES? 16. SDCIAL SECURITYNO. 17. INFORMANT Address (Yes, no, or unknown) (If yes up was or dates of service)
e de the it pe nation	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
at thusian. ed by transi	PART I. DEATH WAS CAUSED BY: OR QUIL In oc as Cal Infancific III
es that ohysician signed urial-tra	Conditions, If any, which) DUE TO not he photocotory by Colcercor
the law requires that the death all or attending physician. Ifficate has been signed by the atter for use as the burial-transit permit. Health prior to burial, cremation, or	gave rise to immediate cause (a), stating the DUE TO
law atten has e as prid	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY
	PERFORMENT YES NO
PHYSICIAN: The law requires that the hospital or attending physician, this certificate has been signed b detached for use as the burial-trance Dept. of Health prior to burial, cre	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 203. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)
ATTENDING PHYSICIAN: retained by the hospital GTOR: After this certifi should be detached fo vith the State Dept. of h	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Power of the power of th
NDIN ned the Afficial build be Si	21. I certify that (I) (this hospital) attended the deceased from 7-4, 1966, to 7-15-, 1966, that (I) (we) last
ATTE retair CTOR sho sho iith t	saw the deceased alive on 7 - 14 1966, and that death occurred at 2 M, from the causes and on the date stated above.
OR DIRE	22a SIGNATURE 7 PAYS. DATE SIGNED ATTENDING MED. DIRECTOR PHYS. 7/15/66
TO HOSPITAL Page 4 may C FUNERAL director, pa	PHYSICIAN'S NAME (Type) John N. Robinson M. D. Easton. Maryland 7/15/66
Page 4 process	23e BURIAL CREMATION 23b. /DATE THEREOF . 23c. NAME OF CEMETERY OR CREMATORY 23d OCCATION (City town or county) (State)
5 5 5 5 W	REMOVAL (Spechy) 7/18/6 G. OUR LADY OF GOOD COUNCE SECTOR AND MCL. 24. FUNERAL DIRECTOR ADDRESS V. 250. REGISTRAR 250. REG
VR A15 (4)	ADDRESS 258. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE Out JUL 2 0 1966
20M 1/65	The same of the sa



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove combon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. ■age 4 ■ay be retained by t∎e h≡spital or attending physician.

> VR ALS (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

н	-	Item #7 050	OF DEATH	E7006
1	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution:	Residence before admission)
		11-16-1	a. STATE b. COUNTY	11.+
	_	b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write RURA	LL and give nearest town)
		write RURAL and give nearest town)	01.	, ,
-		d. NAME OF HOSPITAL OR INSTITUTION (If hot in hospital, give street address)	d. STREET ADDRESS	le DECIDENCE
,		di transpiration di trot in nospirat, give streat address)	G. STREET ADDRESS	ON A FARM?
1		1/18 MORIAL HOSPITAL		YES NO
√l	3.	NAME OF First Middle	Last 4. DATE Month	Day Year
1		(Type or print) NORMAN HRTHUR	(1/h, Te DEATH	17 1966
Λ	5.	SEX 6. COLOR OR RACE 7. MARRIED 7 NEVER MARRIED 7 8	DATE OF BIRTH 9. AGE (In years IF UNDE	R 1 YEAR ILF UNDER 24 HRS.
	M	ALE NERRO WIDOWED DIVORCED	4-/3-72 Nonths	Days Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
	dur	ing most of working life, even if retired) INDUSTRY	Marilla: 1	COUNTRY
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	(1011
	44.	1.	14. MOTHER SMAIDEN NAME	
	0	While's achit	LUIA . AHAS	
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unkown) (If yes give war or dates of service)	INFORMANT Address	,
		- 01/8-16-3396 Ju	nt-1: 12 White YACK	x . T. Md
		18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BÉTWEEN
		PART I. DEATH WAS CAUSED BY:	1.	DNSET AND DEATH
	ı	IMMEDIATE CAUSE (a)	2 2	1
	-1	Conditions, If any, which \ DUE TO MADRIE RESERVE	men of the man	12810AL
		gave rise to immediate	raginal mon	1
		cause (a), stating the DUE TO		
	z	underlying cause last. (c)		I den litte stirppen
	CERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8	19. WAS AUTDPSY PERFORMED?
	읪	Cacherrel fever otherse	bustic Cr V, O,	YES ND
		20a, ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCUP DR CONTRIBITING CAUSE OF DEATH	RRED. (Enter nature of injury in Part I or Part II of Item 1	8.)
	2	DR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	S			ounty) (State)
	MEDICAL	Multo - Not Multe -	y, street, office bldg., etc.)	
	2	p.m. 19 at work at work	1 9 5 2 2-12- 1	10
	- 1	21. I certify that (I) (this hospital) attended the deceased from	7 3 3, 19 to 7 7 19	that (1) (we) last
		saw, the deceased alive on 1960, and that	death occurred at M, from the causes and on	
		22aC STRINGTURE	ATTENDING -/ MED STAFF - 7	DATE SIGNED
ê	1	M.D.	. PHYS. DIRECTOR PHYS.	16-60
220, PHYSICIAN'S Y NAME (Type) 220, ADDRESS 220, ADDRESS				1
	_	July 111 seeper p	Altineseed ma	
	233	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	15/	ounty) (State)
	t	OURIAT /-20-46 Shirt	J. 12-10 1/2-7 W. J	M K.
	24.	FUNERAL DIRECTOR ADDRESS		R'S SIGNATURE
1	_	Tames B block noc & T	2 d DATE JUL 26 1966 gold	wells fur
)	_			



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10560 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
a. GOUNTY - Talb +	a. STATE Manual b. COUNTY T	11				
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. GITY OR TOWN (If offside corporate limits, write RURAL at	Lbot				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		A P - /				
A same or nostrial or institution (it not in nospital, give street address)	d. STREET ADORESS	e. IS RESIDENCE ON A FARM?				
1 emoria rtospital	208 Goldsboro Street	YES NO TE				
3. NAME OF PIRST MIDDLE ASEO	Last 4. OATE Month	Osy Year				
(Type or print) Quin Traff (1)	illiams DEATH / 0	23 1966				
5. SEX 6. GOLOR OR RACE 7. MARRIEO NEVER MARRIEO 8	B. DATE OF BIRTH 9. AGE (In years IF UNOER I) last birthday Months I D.					
Female white WIOOWED DIVORGED	4/17/1894 72 yrs. Months D	ays Hours Min.				
10a. USUAL OCCUPATION (Give kind of workdone 1Db. KINO OF BUSINESS OR during most of working life, even if retired) INDUSTRY	1 11. BIRT HPLACE (County & State, or foreign country) 12. GIT	IZEN OF WHAT				
during most of working life, even if retired) INOUSTRY	Palatka Florida USA	NTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
William A. Pratt	Frances Herndon					
15. WAS DEGEASED EVER IN U.S. ARMEO FORGES? 16. SOCIAL SECURITY NO. 17.	INFDRMANT Address					
(Yes, no, or unkown) (If yes give war or dates of service) 220-46-1014 Mm	s. Adrianne Carrillo, Hemet.	Calif				
18. CAUSE DF OEATH (Enter only one cause per line for (a), (b), and (c).1,						
114 11	da ob	ONSET AND DEATH				
PART I. DEATH WAS GAUSEO BY: IMMEDIATE GAUSE (a) LEYPLAN BURL LL	type way	12 lles.				
7 20/ DUE TO						
Genditions, if any, which (b)						
gave rise to immediate cause (a), stating the DUE TO						
underlying cause last. (c)						
PART II. OTHER SIGNIFIGANT GONOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PER						
ICA		YES NO				
PART II. OTHER SIGNIFIGANT GONOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED YES NO 2Da. AGGIOENT WAS UNDERLYING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2DD. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)						
	GE OF INJURY (Home, farm, 2Df. (Gity or town) (Gount	(State)				
Hour a.m. p.m. 19 While Not While at work at work	ry, street, office bldg., etc.)					
	3 hely 1966 to 23/26 1964	that (I) (up) fact				
21. I certify that (I) (this hospital) attended the deceased from 23 feety, 1946, to 23 feety, 1966, that (I) (we) las saw the deceased alive on 23 feety, and that death occurred at 120M, from the gades and on the date stated above						
22a. SIGNATURE	death openied at 2 2m, from the Gauses and on the					
ATTENDING MED. STAFF IN 15 1/1/						
22c. PHYSIGIAN'S						
NAME (Type) Thurston, Harrison M. I	L 22d. AODRESS Easton, Maryland 25/6	July/66				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY	OR CREMATORY 1 23d. LOGATION (Gity, town or count	ty) (State)				
Burial 7/28/1966 Rock (reek Cemetery Washington, D.C.						
24. FUNERAL DIRECTOR ADDRESS A [25a, REG'O BY REGISTRAR] 25b, REGISTRAR'S SIGNATURE						
and a significant of the signifi						
Maurie C. Dewnam + Son Caston Mod. OATEJUL 27 1950 June 1950						

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NO

(State)

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